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Worldwide Report

EPIDEMIOLOGY

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17 July 1985

**WORLDWIDE REPORT
EPIDEMIOLOGY**

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BANGLADESH

STORM DEVASTATION BRINGS SPREAD OF DISEASES

Dhaka THE NEW NATION in English 3 Jun 85 p 1

[Text]

Twenty more bodies were recovered from Sitakundu and seven from Urirchar yesterday, nine days after last week's devastating cyclonic storm and tidal surge, according to the Chairman of Sandwip Upazila.

He told The New Nation over telephone late last night that immediately after the recovery, the bodies were buried at Sitakundu and Urirchar by the local people.

Meanwhile, diarrhoeal diseases have so far claimed 150 lives at different cyclone-hit coastal areas while at least 1000 have been attacked with the diseases.

Medical teams, both civil and military are working round the clock in various affected areas to combat the disease,

Our Chittagong Bureau reports: The highest number of 40 deaths from diarrhoeal diseases have been reported from the coastal areas of Sonagazi followed by 30 at Sandwip, 25 at Uloshara, 20 at Nabagram

15 at Gangchil and 10 each at Urir Char and Nijhum Deep.

Doctors working at the cyclone-hit areas said non-disposal of corpses and carcasses at different places and an acute shortage of drinking water were the causes of the outbreak of the diseases.

The tubewells supplying drinking water went out of order and water at the ponds was contaminated following the cyclone and tidal surge.

The authorities have, however undertaken measures for sinking deep tubewells in various affected areas on priority basis but the scheme is yet to get momentum.

A few tubewells have so far been sunk at Urir Char, Sandwip, Companyganj and Sonagazi. No work has yet started to sink tubewell at Gangchil, Ulojhara, Nijhum Deep and other coastal areas. At Urir Char, only 15 tubewells out of 200 sanctioned have so far been sunk.

CSO: 5450/0215

BANGLADESH

DIARRHEA, DYSENTERY BREAK OUT IN RURAL AREAS

Dhaka THE BANGLADESH OBSERVER in English 27 May 85 p 7

[Excerpt] Madaripur, May 26--The diarrhoeal disease has broken out at Madaripur. About 30 patients were admitted to the Madaripur Sadar Hospital it is learnt from the Medical Officer of the Hospital.

It may be mentioned here that the widespread adulteration of the foodstuffs and paucity of pure drinking water even in the pourashava area are the main causes of the outbreak of the disease. Preventive measures should be taken forthwith to ameliorate the sufferings of the town dwellers.

Tangail

Our Tangail correspondent adds: Dysentery broke out in an epidemic form in four unions of Nagarpur upazila in Tangail district. About 2000 people of Shahabatpur Moknabharra and Daptia unions of Nagarpur upazila were attacked with dysentery according to an estimate of the local doctors.

At least one member of each family of the villages under these unions was attacked with bacillary dysentery.

The local authority could not identify the actual cause of the outbreak disease but some of the local practitioners said that the heat spell and shortage of pure drinking water were the main causes.

The hailstorm that swept over Nagarpur upazila recently caused heavy damage to standing jute aus and boro crops over a vast area. The Paharpur Primary School was totally damaged by the storm. Besides these extensive loss was done to kucha houses, trees and other property.

Habiganj

Our Habiganj Correspondent adds: Diarrhoea and blood dysentery have broken out in different areas of Habiganj sadar upazila. Machulia village is badly affected. Many people including children have been attacked by the disease.

A large number of people in Habiganj town have also been attacked by diarrhoeal diseases.

Free selling of adulterated foodstuffs and edible oil in all the markets and scarcity of pure drinking water are main causes of the disease.

It is alleged that no appropriate steps were taken by the local Health Department to check the outbreak of the diseases in rural areas.

CSO: 5450/0212

BANGLADESH

CHOLERA-CAUSING PATHOGEN FOUND IN DHAKA LAKE

Dhaka THE BANGLADESH TIMES in English 15 May 85 pp 1, 8

[Text] *Vibrio mimicus*, a newly identified pathogen responsible for causing diarrhoeal diseases including cholera was found in abundance in the water of Dhanmandi Lake, a kilometre-long water body in a posh residential area of the capital, reports BSS.

The pathogen has been isolated for the first time in the environment of Bangladesh, in a study jointly conducted by Mr M.A.R. Chowdhury of Dhaka University Microbiology Department, and Dr K.M.S. Aziz and Z. Rahim of International Centre for Diarrhoeal Disease Research, Bangladesh.

The investigation was carried out from September 1984 to March 1985. Samples were collected at an interval of 15 days from a selected point at the lake. The pathogen was isolated from all the samples cultured and counts ranged from 0 to 125 per 100 millilitre of surface water.

This was revealed on Tuesday in a paper on "vibro mimicus as a component of pollution of Dhanmondi Lake" presented at the SARC Environmental Seminar now being held in Dhaka.

Vibrio Mimicus has recently been established as an etiological agent of diarrhoeal diseases and has been isolated from patients in Bangladesh.

It was found that most of the isolates were resistant to streptomycin, ampicillin and trimethoprim plus sulphamethoxazole.

The study also showed that the pathogen was associated with roots of water hyacinth and indicates the possibility of plant borne spread of the species in the aquatic environment of Bangladesh.

Vibrio mimicus was found to be associated with otitis and isolated from ear of patients and also from patients with diarrhoea, nausea, vomiting and abdominal cramps with fever, headache and bloody diarrhea.

CSO: 5450/0187

BANGLADESH

BRIEFS

VENEREAL DISEASE SPREAD--Mymensingh, May 16--Venereal diseases in various forms have spread largely in the Mymensingh town. More than 10 thousand men and women have been suffering from these diseases. According to a report received from the Mymensingh Medical College Hospital (MMCH), the number of patients suffering from the diseases was 2093 in 1982 and they got treatment from the Hospital. Among the patients, 816 were suffering from syphilis, 620 from gonorrhea and 647 from ureteritis. The number of patients who got treatment in 1983 was 2336. Of them 260 belonged to syphilis, 1150 to gonorrhea and 918 ureteritis. But in 1984 the number of the diseases has increased in comparison to previous years and the number of patients has stood at 2761. MMCH specialists said that the number of male patients attacked with the diseases during the current year is more than that of female patients and most of these victims are labourers and students. [Text] [Dhaka THE BANGLADESH TIMES in English 17 May 85 p 2]

BLOOD DYSENTERY OUTBREAK--Five persons died of blood dysentery in Birganj Upazila recently. According to report, three persons died in Bara Sitlai village, one in Debipur village and one in Chakoir village. Blood dysentery has broken out in an epidemic form in the Upazila. When contacted, the local physicians told this correspondent that paucity of pure drinking water is the main cause of the outbreak of the disease. [Text] [Dhaka THE BANGLADESH OBSERVER in English 19 May 85 p 7]

CHOLERA DEATHS REPORTED--Dinajpur, May 25--Six persons died of cholera in Nawabganj upazila of Dinajpur district in a week. The affected villages are Tegra, Ratandighi and Shimoor under Bharuria Union Parishad of the Nawabganj Upazila. The Upazila Nirbahi Officer Nawabganj confirmed the death of six persons. The Chairman of Bhaduria Union Parishad told this correspondent that in spite of repeated request, the Health Department has not taken any steps nor they started vaccination in the area. A case has been registered in Kotwali Police station. [Text] [Chaka THE BANGLADESH OBSERVER in English 26 May 85 p 7]

DIARRHEA, DYSENTERY DEATHS--Kurigram, May 29--Twenty nine persons died and more than 1500 persons were attacked with diarrhoea and blood dysentery during last 45 days in 9 upazilas of Kurigram district. Of the total deaths, three persons died in Bhurungamari upazila, 7 persons in Nageswari, two persons in Fulbari, two persons in Rajibpur, four persons in Rowmari, two persons in Rajarhat, five persons in Ulipur, two persons in Chilmari

and four persons in Kurigram Sadar upazila. More than 1500 persons were attacked with the diseases in different places of the district during the period. According to a statistics from the Kurigram modernised hospital, of the total number of patients who were treated at the outdoor and the indoor departments during the last one and a half months, 35 percent are of diarrhoeal cases, 60 percent of blood dysentery and 5 percent other diseases. It may be mentioned here that diarrhoea and blood dysentery have broken out in an epidemic form in Holokhana, Bhogdanga, Jatrapur, Panchgachhi, Moghalbasha and Noonkhawa unions and Pourashava areas of Kurigram Sadar upazila. Preventive and curative measures are not satisfactory. [Text] [Dhaka THE BANGLADESH OBSERVER in English 30 May 85 p 2]

BACILLARY DYSENTERY DEATHS--Jamalpur, June 4--Bacillary dysentery has broken out in an epidemic form in seven upazilas of Jamalpur district and 42 people have died of the disease during the last two months, it is learnt. According to an unofficial source, 13 persons died in Dewanganj upazila, seven in Bakshiganj upazila, two in Melandah upazila, five in Sarishabari upazila, four in Madanganj upazila, three in Islampur upazila, and eight in sadar upazila. It is further learnt that until now about 4,500 people of the areas were attacked with the disease. Local physicians maintain that adulterated edible oil and impure drinking water are the reasons behind the disease. It has been alleged by local people that most of the victims died without any medical treatment. The hospitals also could not render effective service for want of sufficient quantity of medicines. Even in the open market, saline scarcity prevails for quite some time, while the district authority has failed to arrange for sufficient medicines to combat the epidemic. [Text] [Dhaka THE NEW NATION in English 6 Jun 85 p 2]

PIROJPUR DIARRHEA DEATHS--Pirojpur, May 2--Seven persons died of diarrhoea in Pirojpur district. About 272 persons have been attacked during the last two months, the Civil Surgeon confirmed the report. The breakout of diarrhoea has been attributed to paucity of pure drinking water. The upazila-wise break-up: In Pirojpur, 89 persons attacked and two persons died. In Kotwali 100 persons attacked. In Mathbaria 90 persons attacked, death, two persons. Swarapkati, attacked 8. Nazirpur, attacked two persons and Balnaripara attacked 74. [Text] [Dhaka THE BANGLADESH OBSERVER in English 4 May 85 p 7]

BACILLARY DYSENTERY OUTBREAK--Sailkupa, May 2--Five more babies died of bacillary dysentery in the last few days in Sailkupa upazila raising the death toll to 22 so far. During this period more than 200 were attacked with the disease raising the total number of attacked persons to 17,00 most of whom were babies. The worst affected village is Aushia, two miles away from the upazila headquarter, where five babies died and more than 250 were attacked so far. When contacted, the local health authority told this correspondent, that five medical teams were working in the affected areas but they are not in a position to provide the patients with requisite drugs because of insufficient supply of the same by the government. It may be mentioned that the Health Department recently suggested the doctors to prescribe drugs such as Nevigran or Levagramon, which are costly foreign drugs and most of the poor patients can not afford to buy the drugs due to their scarcity and dearness. It is also noted that a single phail containing 20 capsules cost Tk 90 and the prescribed daily doses are 3 capsules. [Text] [Dhaka THE NEW NATION in English 5 May 85 p 2]

RABIES DEATHS REPORTED--Comilla, May 15--At least three minor boys and three cows were killed following bites of mad dogs in the Sadar Upazila recently. The latest victim, Jamal, a student of Class V of Dishabandh Primary School, was bitten by a mad dog two months ago and died of hydrophobia recently. The other victims were of the same area, it is learnt.
[Text] [Dhaka THE NEW NATION in English 17 May 85 p 2]

DIARRHEA AT FARIDGANJ--Faridganj (Chandpur) May 12--Diarroheal diseases have broken out in villages such as Sokdirampur, Kharkhadi, Baliarpur, Modonergaon, Sachanmegh and Uttar Rajapur under Faridganj upazila for the last few days. It is learnt that two boys of villages Kharkhadia and Sanchanmegh and a woman of village Uttar Rajapur died of diarrhoea. And over 100 persons of these villages were attacked with dysentery and diarrhoeal diseases. People of the villages urged the authority concerned to send a medical team in the affected villages to combat the diseases.
[Text] [Dhaka THE NEW NATION in English 14 May 85 p 2]

MORE DYSENTERY DEATHS--Alamdanga, May 7--Nine more patients died of bacillary dysentery in various parts of Alamdanga during last fortnight bringing total death toll to 15. During the aforesaid period, 300 to 500 persons were affected by the disease. Worst-hit areas are: Pragpur, Baradi, Hardi and Jamjami. According to local doctors, ampicillin and co-trimoxazole, which are specific drugs for the disease, are not found effective. Only nevigramon is having a bit better response but that too is beyond the reach of the common man due to exorbitant price. A capsule of Nevigramon now sells at Tk 4/- to Tk 5/- in the local market. Meanwhile, Alamdanga Health Complex has deployed five teams to bring the disease under control. But the teams are learnt to be ill-equipped to combat the disease. It is also learnt that Alamdanga Health Complex has only 500 Ampicillin capsules, stock position of Co-trimoxazole and Nevigramon being nil. [Text] [Dhaka THE NEW NATION in English 9 May 85 p 2]

CSO: 5450/190

BRAZIL

YELLOW FEVER IMMUNIZATIONS, CARRIER FOCI IDENTIFIED

5-Year Inoculation Program

Sao Paulo FOLHA DE SAO PAULO in Portuguese 5 Jun 85 p 21

[Text] Every Brazilian who wishes to travel abroad will now have to be vaccinated against yellow fever. This instruction comes from the Pan-American Health Organization (PAHO), according to an announcement made yesterday by the health minister, Carlos Sant'Anna, 53. The minister claimed that there is no danger of an epidemic of the disease in its urban form. But, to ensure that there will be no change in this situation, he will request of President Jose Sarney the release of 42.5 billion cruzeiros from Finsocial for an emergency program to combat the disease and its carriers.

Carlos Sant'Anna said that another case of yellow fever has been reported, this time in Cuiaba (Mato Grosso). As in the previous ones, the infection occurred from the wild presence of the disease (that is, the fever was contracted in forest areas), not through the "Aedes aegypti" mosquito (responsible for transmitting the disease in urban areas). With regard to the third case of yellow fever, in Presidente Prudente (Sao Paulo), the other two having caused the deaths of truck drivers Carlos Rodrigues and Jose Gimena Barreto, the indications are that the patient is starting to recover.

Combat Program

The program to be submitted to President Sarney by Minister Carlos Sant'Anna this week is virtually the same one that had been rejected by SEPLAN (Secretariat of Planning) 4 years ago, calling for the total elimination of the carrier mosquito from Brazil. At the time, Minister Delfim Neto refused to allocate nearly \$40 million, because the mosquito foci were totally under control. Sant'Anna remarked: "Working on health is a weird business. When there is no danger, there is no money; when the danger shows up, the money does too."

Based on the project, nearly 10 million persons will be vaccinated in a year, particularly those working in the jungles and residing in the cities and towns close to the forests. In addition, it is planned to apply insecticides to

eliminate the mosquito foci throughout the entire country (especially in northern Sao Paulo and Parana), and to heighten the vigilance on the border, pulling over vehicles that are coming from the Amazon Region countries.

According to the minister, 4 years ago the "Aedes aegypti" foci were confined to 5 percent of the areas which were most propitious for their location. "With the expansion of the agricultural frontiers, and the opening up of roads leading to the countries of the northern and northwestern part of South America, these foci have proliferated; but, nevertheless, since 1943 there has not been any case of the fever in its urban form."

The entire project will take 5 years, involving the vaccination of 30 million individuals, primarily in the northern and west central regions, and the pre-Amazonian area of Maranhao. For every year of implementation, an additional 42.5 billion cruzeiros will be required, at present values. Of that total, 17.756 billion will be used to pay for insecticides and diluents; 405.8 million cruzeiros for vaccines, and 481.5 million cruzeiros for injectors. The remainder, totaling 12.031 billion cruzeiros, will be used for personnel expenses, as well as for backup material, such as cars, fuel, freezers for preserving the vaccines, sprayers, etc.

The project calls for the use of 104 pickup-type vehicles, 29 jeeps, 51 motorcycles, 82 bicycles, 10 motor-boats, five skiffs and 25 aluminum canoes of the type used in the Florida swamps, as well as 26 outboard motors. Also to be used are 92 freezers, 29 generators, 187 vaccine injectors for the annual immunization of 10 million persons and 144 spray pumps. To operate all this equipment, the Ministry of Health intends to mobilize 1,200 men, in addition to assistance from the communities.

Carlos Sant'Anna wants this work to be started immediately, to prevent any outbreak of the disease, which has not appeared in the country for the past 43 years.

The director of the Superintendency for Public Health Campaigns (SUCAM) in Belo Horizonte, Carlos Catao Prates Loiola, 42, denied that any cases of yellow fever have occurred in Minas Gerais. Nevertheless, he did confirm the discovery, by SUCAM, during the past 2 weeks, of two foci of the mosquito which carries the disease, one in Juiz de Fora, 270 kilometers from the capital, and another in Contagem, in the metropolitan region.

According to the regional director of SUCAM, "The presence of the mosquito is disturbing, because it is an insect that is not common in urban centers and the carrier of yellow fever." Catao maintains that the mere detection of foci should not be cause for alarm among the population, because the mosquitoes were not found either over a large expanse, or in large quantities.

Sao Paulo Interior

In Presidente Prudente, 590 kilometers west of Sao Paulo, the SUCAM teams have already administered nearly 150,000 doses of the vaccine against yellow fever. The mass vaccination ends at noon today, but a team will remain on duty to give treatment on Friday, repeating the operation once a week.

In the town of Sao Jose do Rio Preto, 480 kilometers west of Sao Paulo, the regional director of SUCEN, Eduardo Sergio Marques Lazaro, announced that the arrangements have already been started to have SUCAM release batches of vaccine against yellow fever for daily application to the populace. At present, the anti-yellow fever vaccination occurs only on Wednesdays, and the Health Center does not have doses on hand. On the inoculation day, an official from SUCAM appears with the doses and, when the vaccinations have been completed, he takes away the surpluses.

In Aracatuba, 450 kilometers west of Sao Paulo, the director of the Regional Health Division, Jose Carlos Aguirre, claimed that foci of the mosquito carrying the fever have not been found, nor has any case of the disease been reported.

Cases in Mato Grosso

The SUCAM regional office in Cuiaba will send two more vaccination teams today to the Sinop region, 481 kilometers north of the Mato Grosso capital, where cases of yellow fever have been reported. The Sinop population has been vaccinated during the past 2 days. This information comes from the SUCAM director in Cuiaba, Clemenceau Benedito Nunes Guerra, 40, who precludes the possibility of an urban epidemic. The state secretary of health, Gabriel Neves, claimed that there is a joint effort between his office and SUCAM to have the vaccination reach at least 200,000 persons residing in the northern part of the state.

Foci in Parana

In Curitiba, physician Enio Luz, 58, chief of the epidemiology section of SUCAM-Parana, reported that Foz de Iguacu, at the western end of the state, 600 kilometers from the capital has, since 1982, shown foci of the mosquito transmitting yellow fever, owing to its proximity to Paraguay. Despite this, no cases of the disease have been reported to date, because the population of Foz has been immunized.

Luz remarked that SUCAM discovered mosquito foci this year in four other municipalities at the western end (Sao Miguel do Iguacu, Santa Teresinha, Ceu Azul and Cascavel); but said that they have been exterminated by now.

Bahia and Ceara

The possibility of cases of yellow fever in the Bahia capital, or even in any of the state's other 60 cities and towns, where the presence of foci of the

"Aedes aegypti" mosquito has been noted, was precluded in Salvador by the chief of the technical section of SUCAM's Regional Directorate, Jose Teixeira de Franca Silva, 58. He claimed that there are no victims in the state.

He reported that the last case of yellow fever noted in Bahia occurred in the municipality of Ipiau, in 1942, following which the World Health Organization considered the disease to have been eradicated from the country.

SUCAM's regional director in Fortaleza, Aridson Bezerra Lossio, confirmed that the "Aedes aegypti" mosquito has existed in nearly all districts of the Ceara capital, including Aldeota (fashionable), Pirambu (working-class) and Damas (middle class), since the end of last year. A technician from Rio Grande do Norte is teaching the SUCAM officials how to operate the equipment to combat the mosquito.

Aridson maintained: "There have been no cases nor any foci of yellow fever in Ceara."

Health Minister Comments

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 9 Jun 85 p 14

[Text] Yesterday in Brasilia, the minister of health, Carlos Santana, declared that he wants to increase the number of vaccinations against yellow fever to be administered to the workers living in contact with the country's forests from 3 million to 10 million. The purpose is to prevent those workers, upon returning to the urban environment, from transmitting the virus to the "Aedes aegypti" type mosquitoes living in the cities. According to the minister, the vaccination must be carried out concurrently with the elimination of the mosquito foci. Today, Santana will meet with specialists from health entities, including the Pan-American Health Organization, to discuss measures against yellow fever.

The "Aedes aegypti" mosquito exists in the United States as well, and for this reason the health minister maintains that the battle against yellow fever should be continental. And Brazil needs to change its health policy: "The best way for a country to win health is through economic development, and for this it is necessary to win the political battle in which health is a priority," stated Carlos Santana. In the case of yellow fever, he gave a reminder that, "The disease is not contagious. It is not the latter that is spreading, but rather the mosquito."

Mosquito Foci

Another five foci of the mosquito carrying yellow fever have been located in Minas by the Superintendency for Public Health Campaigns (SUCAM). The new foci, like two others found last week, were located in rubber companies adjoining one another, in Contagem, in Grande Belo Horizonte. Noting that this is no cause for alarm, the organ's director, Carlos Catao Prates Loyola, said that there was no record of the presence of the virus in the region.

He announced that, next week, SUCAM will intensify the investigation and clean-up of all strategic sections of the region, particularly the sites considered propitious for the mosquito's concentration. For this purpose, the work teams which will carry out the treatment of the foci with the insecticide Sumitron, to kill the winged (adult) mosquito, are being reinforced. Carlos Loyola thinks that the foci located in Minas originate in Sao Paulo, Rio and the northern part of the country, where the rubber companies purchase tires. He also said that there has been an exchange of goods among the six firms which are infected; which may have caused the spread of the mosquito.

SUCAM also located an "Aedes aegypti" focus in a suburb of Belem. Six health safety teams have been combating the mosquito over an area of 1 kilometer from the focus, found in old tires coming from the Oiapoque region of Amapa. The organ will start mass vaccination in southern Para, to prevent the spread of yellow fever, which has been occurring on the boundaries with Mato Grosso and Goias.

In Natal, SUCAM found two mosquito larvae in one of four tires containing water ("traps") set at the Augusto Severo airport.

2909

CSO: 5400/2065

BRAZIL

SECOND YELLOW FEVER DEATH REPORTED IN SAO PAULO STATE

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 2 Jun 85 p 19

[Text] The second victim of yellow fever in the state of Sao Paulo died yesterday. Jose Gimena Barreto, 34, who was a patient at the Clinical Hospital, where he was taken after having contracted the disease in the Presidente Prudente region, was greatly weakened by the organism and did not respond to medical treatment. The first victim was truck driver Carlos Alberto Rodrigues, 35, who likewise contracted the illness in the municipality of Marcelandia. However, his associate, who also was stricken, is now out of danger.

Jose Gimena Barreto was exposed to the bite of the "Aedes aegypti"--the mosquito that transmits urban yellow fever--during a period of 4 hours. Officials of the Superintendency for Control of Endemic Diseases (SUCEN) suspect that Barreto could have transmitted the disease to other persons. Yesterday, not yet knowing of the patient's death, SUCEN Superintendent Antonio Guilherme de Souza had traveled to Presidente Prudente to oversee the work of destroying focuses of mosquitos and of vaccinating the city's population en masse. About 140,000 shots of vaccine are available to those concerned, in five health stations in the region.

The vaccine immunizes for 10 years and can be given to anyone who is over 7 months of age, provided he does not have a serious infection. In Sao Paulo, the vaccine can be found at 83 Jurua street in Caninde.

New Focuses

News of discovery of a focus of the Aedes aegypti in Tupa frightened the population. Roberto Pires Castanho, of SUCEN, went to the city yesterday to calm the public. He explained that the fact the mosquito had been found does not mean the threat of an outbreak of the disease, as these mosquitos are not contaminated by the virus that causes yellow fever. He said, however, that the area will be sprayed thoroughly with insecticide.

In Presidente Prudente--where two persons have died--new focuses of the insect have also been discovered. Spraying is being carried out and 2,000 persons have been vaccinated. And in Araçatuba mass vaccination began yesterday.

8834

CSO: 5400/2062

BRAZIL

BRIEFS

HEPATITIS B INCIDENCE HIGH--"The high incidence of hepatitis B, especially in the Amazon region, is no longer just a clinical problem but has become a public-health problem," Cicero Adolpho Silva, administrative chief of the Health Ministry, said yesterday in opening the Tenth Annual Course and Second International Symposium on Hepatitis, which is being held at the Rio de Janeiro Public Hospital through 17 May. Cicero Adolpho Silva said that hepatitis B is now one of the most serious health problems in Brazil and that the symposium--which is being attended by representatives of the World Health Organization (WHO) and the Pan American Health Organization (PAHO)--will serve to inform the authorities about the attempt to control the disease in Brazil and throughout the world. Hepatitis caused by the B virus is of greatest concern to health authorities because, in addition to the increase in the number of cases, it is the most lethal and carries the greatest complications. In the United States and in some countries of Europe and Asia, there is now a vaccine against hepatitis B, given in three shots that cost \$100 (500,000 cruzeiros). Due to the high cost, Brazil imports little of this vaccine. In Brazil, hepatitis B has an incidence of 2 percent in large urban centers, which, according to Cicero Adolpho, justifies the control efforts. Mortality caused by the disease varies between 1 and 2 percent. [Text] [Rio de Janeiro O GLOBO in Portuguese 15 May 85 p 6] 8834

AIDS IN CHILDREN--Curitiba--Thirty-five percent of the AIDS cases occurring so far in Rio de Janeiro are of hemophiliacs who received contaminated blood. Among these cases are 6 children, one only 4 years old. The information was given yesterday in this state capital by physician Claudio Amaral, director of the General Department of Epidemiology of the Rio de Janeiro State Health Secretariat, who is in Curitiba participating in the Fourth National Meeting on AIDS, conducted by the Health Ministry and with the participation of representatives of 10 states where the disease has been diagnosed. "The greatest difficulty in Rio de Janeiro is controlling the blood banks, which put contaminated donated blood on the market," said Amaral. Claudio Amaral has rejected the idea of a campaign for homosexuals not to donate blood: in New York, he said, a campaign of this type brought about an opposite effect, as they began to donate blood systematically, "alleging that they were combating segregation." [Text] [Rio de Janeiro O GLOBO in Portuguese 23 May 85 p 14] 8834

LEISHMANIASIS IN PARANA--Since August of last year, over 50 cases of American leishmaniasis have been reported in Norte Pioneiro, a region of Parana located between the Tibagi and Paranapanema Rivers, the latter on the Sao Paulo border. The disease, which results in lesions on the skin similar to ulcers, is caused by the protozoa Leishmania brasiliensis, the carrier of which is a wild mosquito of the genus Phlobotomus, which occurs in areas where forests are still being felled, according to officials from SUCAM (Superintendency for Public Health Campaigns). SUCAM's general director in Parana, Gildardo Tomishi, observes that the main problem in combating the carrier lies in the fact that "it is not domesticated"; that is, it does not remain inside houses, unlike the one associated with malaria, for example. When it is found that the leishmaniasis carrier can be "domesticated," then the battle against it will be possible with DDT spraying, as Gildardo Tomishi explained. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 14 Jun 85 p 10] 2909

CSO: 5400/2065

BRUNEI

BRIEFS

MEASLES IMMUNIZATION DRIVE LAUNCHED--Miri, Fri:--The Brunei Medical and Health Services Department has launched a nation-wide vaccination campaign to wipe out measles. The Brunei-based "Borneo Bulletin" quoted health officials as saying that they hoped to eradicate the disease completely by 1990. A measles vaccination drive was launched by the Brunei government in 1978 but did not cover the entire population. The health authorities are urging parents to have their children vaccinated in this campaign. [Text] [Kuching THE BORNEO POST in English 11 May 85 p 4]

CSO: 5400/4402

CANADA

AIDS CONFERENCE HELD AT UNIVERSITY OF QUEBEC IN MONTREAL

Ottawa THE CITIZEN in English 21 May 85 p D15

[Text]

MONTREAL (CP)

— The battle against Acquired Immune Deficiency Syndrome is opening a new front, focusing on the early effects of the viral disease in an effort to develop an anti-AIDS vaccine.

After three years since research began into the disease, investigators believe they have tracked down the virus which causes AIDS. From data obtained mainly from AIDS victims in advanced stages of the disease, researchers also know the virus is transmitted mainly sexually, and travels through the bloodstream wrecking a victim's ability to withstand a variety of illnesses, including cancer.

Now, says Dr. Chris Tsoukas, a clinical immunologist at the Montreal General Hospital, research is shifting in part to examining how healthy human beings react to the virus.

By knowing why some people who are exposed to the AIDS virus do not succumb to its potentially fatal follow-up diseases, the key may be found for an effective vaccine, Tsoukas said in an interview during a recent AIDS conference at the University of Quebec in Montreal.

Examining AIDS patients in the earliest stages of the disease can also reveal the mutation pattern of the virus.

Tsoukas, who is on the medical advisory board of the World AIDS Centre in Los Angeles, said much important research work on the disease is being done in Canada.

Working in his laboratory, Tsoukas has been tracking so-called T-Helper cells — the sickness-fighting blood cells which are vulnerable to the AIDS virus.

"We follow these cells, count them and

sequentially study them ... but these tests are not readily available" across North America.

As just one example of early-stage research, said Tsoukas, his lab has been keeping tabs on a male patient suffering Kaposi's Sarcoma — a rare form of skin cancer which AIDS victims sometimes develop.

The patient had received blood for medical reasons — a point of interest because AIDS can be transmitted through transfusions — but is still in good health.

There have been 10,050 AIDS cases reported in the United States and 49 per cent of the patients, or 4,963 people, have died. In Canada, 118 of the reported 222 AIDS victims have died. The majority of victims are either homosexuals or bisexuals.

At the close of the three-day conference, the 200 delegates voted to set up a Canadian Aids Society to lobby for funding to help fight the deadly disease.

Tom Alloway, chairman of the AIDS Committee of Toronto, said the society will also co-ordinate education efforts about the disease and provide support for AIDS victims.

The delegates, representatives of nine AIDS committees across Canada, as well approved a resolution urging the federal government to declare the disease Canada's number one health problem.

Earlier in the conference, Dr. Alastair Clayton, director-general of the federal Laboratory Centre for Disease Control,

warned there is a possibility more Canadians may die from AIDS transmitted through blood transfusions.

The Red Cross is trying to track down donors whose blood was given to three men who died from AIDS which they are suspected to have contracted through transfusions. Two victims were from the Vancouver area while the third was a Toronto man.

"This is going to happen, and has happened, and I don't doubt there will be other cases," said Clayton, noting the virus HTLV-III believed to cause AIDS has an incubation period of up to five years.

But he warned against any public panic, saying the chance of contracting

AIDS through a transfusion is "very, very remote."

In the United States, the number of AIDS victims who developed the disease through blood transfusions has increased to 1.6 per cent of all cases from 0.9 per cent before May 1983.

The Canadian Red Cross hopes to have a screening process for blood donors ready by mid-summer to detect exposure to the virus. The test, developed in the United States, shows whether a person has ever been infected with the HTLV-III virus by measuring antibodies in the blood.

All blood will be screened for the antibodies "and any that are positive will be thrown away," said Clayton.

CSO: 5420/21

CANADA

RED CROSS REPORTS BLOOD CONTAMINATION WITH AIDS IN B.C.

Toronto THE GLOBE AND MAIL in English 10 May 85 p 24

[Article by Beverly Bowen]

[Text] The Canadian Red Cross is investigating two cases in which Vancouver-area men died of acquired immune deficiency syndrome after receiving blood transfusions.

This is the first time that officials at the Red Cross have admitted that part of the country's blood supply has been contaminated with the AIDS virus.

"We have taken all the precautions that we could," said Dr John Derrick, adviser to the national director of blood-transfusion services. "It certainly appears that the inevitable has happened."

Health officials are investigating the case of a Vancouver-area man who died on Wednesday, two years after receiving a transfusion during a successful cardiac by-pass operation. Officials now have the difficult task of tracing the whereabouts of 17 donors whose blood was administered to the heart patient.

The Red Cross is also trying to track down 125 donors whose blood and blood components were used during an operation on a skin-burn patient. The British Columbia man, who received more than 150 units of blood in 1981, also died of AIDS, in February.

Despite the recent deaths, officials continue to stress that the country's blood supply is safe.

The Red Cross plans to introduce a test that screens blood for evidence of the AIDS virus, but the test will not be available in selected hospitals until late summer. About one million blood transfusions are done in Canada each year.

Dr Derrick maintains that the best way to keep the country's blood supply clean is to appeal to the donor's sense of social responsibility. The Red Cross is planning a more vigorous campaign of questioning donors about

whether they have been exposed to carriers of AIDS. At present, the Red Cross will not accept blood from homosexuals and Haitians, who are believed to be carriers of the virus.

The Red Cross became aware last month that the two elderly B.C. men had contracted AIDS.

AIDS is a deadly disease that attacks the body's lymphatic system. The AIDS virus, transmitted through semen and blood, incubates in the body for two to five years. According to the latest statistics, there are 212 reported cases of AIDS in Canada and 115 people have died of the disease.

The Red Cross is receiving help from provincial health officials and hospitals in its attempt to trace donors to verify the source of the disease. Since every unit of blood has an identification number, it is possible to attach a name to each unit.

The difficult job is to find the donors--who may have moved since they gave blood--and inform them that they are carriers of the AIDS virus. For now, the search is concentrated in the Vancouver area.

The Red Cross is wary of discussing the case, since officials are still unsure of the legal repercussions of the recent deaths. "In the U.S. there have been expensive suits brought against suppliers of blood products," said Dr Derrick. "We don't know where we stand in regards to the legal implications."

Last fall an inquest was held into the death of another B.C. man, Artibano Milito, a hemophiliac whose family said had been given blood that was contaminated with AIDS.

The Red Cross has maintained that Mr Milito's disease could not be traced to the Canadian blood supply since the protein factor he received came from Canadian and foreign blood banks.

CSO: 5420/20

17 July 1985

CANADA

INCREASE IN INCIDENCE OF NEW CANCER CASES REPORTED

Toronto THE GLOBE AND MAIL in English 11 May 85 pp 1-2

[Article by Christie McLaren]

[Text]

Cancer cases are increasing so rapidly in Canada that thousands of patients could go untreated in the next decade unless provincial governments spend millions of dollars to expand treatment facilities, experts in several provinces say.

"As far as I'm concerned, it's a very serious problem and it's not going to get any better," Dr. Aileen Clarke, director of the Ontario Cancer Registry, said in an interview.

The number of Ontario citizens diagnosed with cancer each year has skyrocketed to about 31,000 in 1982 from 19,400 in 1970, according to the registry. If current trends continue, by 1994 there will be 51,000 new cancer patients each year.

As a result, Ontario needs to spend about \$94-million to \$114-million in the next decade on expanded facilities and new equipment at cancer-treatment clinics, according to a rough estimate from Dr. J. William Meakin, director of the Ontario Cancer Treatment and Research Foundation.

"We have a real problem," Dr. Meakin said in an interview yesterday.

Cancer clinics operated in London and Hamilton, Ont., by the cancer foundation are bursting at the seams, Dr. Meakin said, and two other clinics in Ottawa and Toronto will be overcrowded within a few years.

Toronto's Princess Margaret Hospital — which treats one-quarter of all the cancer patients in Ontario — is so overburdened that radiation machines are running 12 hours a day and administrative staff have been pushed out into other buildings to make more room for patients.

Dr. Raymond Bush, director of the Ontario Cancer Institute and medical director of the hospital, said Princess Margaret has to be expanded and Metro Toronto is going to need another treatment facility.

Without extra facilities, he said, there will be no way to accommodate all the extra patients.

The incidence of cancer in Canada has been increasing steadily since about 1979. However, while many malignancies, like stomach cancer, have dropped dramatically, an aging population and a steady increase in lung cancer due to smoking, especially in women, have combined to push up the over-all rates.

Rising numbers of cancer patients are creating similar problems in other provinces.

The Alberta Government, which finances two major cancer treatment centres providing radiotherapy and chemotherapy, is considering building a third, according to Dr. Maria Koch, assistant director of the Alberta Cancer Board's department of epidemiology.

By 1990, British Columbia will have to spend about \$8-million to add a new treatment centre to the two it has already, as the number of new patients per year climbs from the current 6,500 to 8,000, said Dr. David Boyes, director of the Cancer Control Agency of B.C.

Saskatchewan, which treats about 5,000 new patients each year at two major clinics, is also building a third clinic, said Diane Robson, director of data services for the Saskatchewan Cancer Foundation.

The Ontario cancer foundation and Ontario Cancer Institute have commissioned a \$300,000 study by the Toronto management consultants Currie, Coopers and Lybrand to determine how much it will cost to treat the mushrooming cancer cases.

The report will be forwarded to the Ontario Ministry of Health, which awaits it "with great expectations," Frank McArdle, executive assistant to Ontario Health Minister Alan Pope, said in an interview yesterday. He refused to comment on the need for new facilities until the ministry sees the report.

If no new facilities are created, Dr. Meakin said, doctors may have to start rationing treatment.

"We'll have to ask ourselves, how do we cope? I guess some of the alternatives are that . . . you treat patients that you know are going to benefit . . ."

Dr. Boyes of B.C. added that the success of treatments is another factor causing the increase in cancer patients.

Advances in treatment are keeping patients alive, multiplying the numbers who need treatment, he said. "Successes that we've had have increased our workload."

CSO: 5420/21

CANADA

B.C. MEASLES, RUBELLA OUTBREAK REPORTED

Measles in Vancouver

Vancouver THE SUN in English 15 May 85 p A3

[Article by Anne Mullens]

[Text]

For the second year in a row, an outbreak of red measles has reached epidemic proportions among school-aged children in west-side Vancouver and health officials say it is likely to get worse.

Dr. Ted McLean, director of communicable diseases for the Vancouver health department, said so far 100 cases of red measles have been identified in 1985, leaving them to believe this year will outstrip last year and become the worst outbreak since 1979.

There were 160 incidents of the infection for all of last year, also considered a bad year. Most cases were restricted to the east side of the city, McLean said.

This year the infection has jumped to the west side and so far is "almost exclusively" confined to the school-aged population in the area west of Granville and south of 16th Avenue.

But McLean said he expects to see it expand to pre-school children in the city, "who are the least well-immunized.

"We have trouble getting to that group," McLean said.

Health officials recommend that from the age of 12 months, or as soon as possible thereafter, all children be vaccinated against the viral infection known for its angry red rash and fever.

Vaccinations are effective for all except about five per cent, McLean said.

The infection "spreads like wildfire," between those that are unprotected, starting like a simple cold with a fever. The disease is at its most infectious at that time, before the identifying rash appears three or four days later. The rash lasts a minimum of three days.

"We don't want anyone to get this disease, we'd much prefer they get a vaccination," he said.

Mothers should keep a detailed record of their children's vaccinations but if they can't remember they should arrange to have them re-vaccinated, he said.

Although red measles won't cause birth defects in pregnant women, it can cause women in the first few months of pregnancy to miscarry, he said.

McLean said the outbreak of red measles seems to be confined to Vancouver and has not yet been found in Surrey, Delta or the lower Fraser Valley.

Those areas are now experiencing an small outbreak of rubella, or German Measles, with the greatest concentration in the Chilliwack and Abbotsford area, he said.

Fraser Valley Measles

Vancouver THE SUN in English 17 May 85 p A14

[Text]

An outbreak of red measles, described as an epidemic among west-side school children in Vancouver, has spread into the Fraser Valley.

"We are getting a considerable number of measles cases," said Dr. Allan Arneil, director of the Simon Fraser health unit, which covers Coquitlam, Port Coquitlam, Port Moody and New Westminster.

"It's hard to give exact numbers, but at least 50 cases have been clinically confirmed here in the last couple of weeks."

Dr. Arneil said Thursday the outbreak is mainly among adolescents.

"We are also seeing cases of rubella (German measles) and yet another type of rash which is not yet confirmed as measles — it's undiagnosed," he said. "Many of these adolescents who are getting measles have been immunized in the past but the early vaccines were not as effective as they are today."

"We can expect that at least five per cent of those who were immunized years ago are still able to get measles."

Arneil said that if measles occurs in a school in his health unit, all the par-

ents are notified their children may have been exposed to the disease and immunization is recommended.

If immunization is carried out within three days of exposure, then protection can be expected to be 95 per cent, he said.

Dr. Arneil said red measles starts out with symptoms like those of a bad cold, with runny nose and eyes and a bad cough. A red, blotchy rash develops on the third or fourth day and is infectious for about three days.

"It's not a disease to be trifled with," he said. "Anyone with the symptoms should see a doctor fast. There is no treatment for measles but there is for the complications, which can include ear and chest problems."

Dr. Arneil said adults born before 1956 have probably had the disease and won't get it again.

Rob Watson, assistant superintendent of the Coquitlam school board, said he's aware of some measles cases in local schools but he did not think the outbreak was severe.

A Surrey school board spokesman said there are some measles cases in one secondary school but numbers are not known.

Rubella Incidence

Vancouver THE WEEKEND SUN in English 18 May 85 p A11

[Text]

The provincial health ministry, concerned with the incidence of rubella (German measles) cases in the Fraser Valley and Lower Mainland, would like to see every child vaccinated against the disease before his or her second birthday.

The rash of rubella cases is unrelated to a similar outbreak of red measles — a different childhood disease — which has been described as being at an epidemic level among westside Vancouver school children.

Dr. Timothy Johnstone, director of epidemiology for the ministry, said 95 per cent of B.C. children are immune to rubella by the end of Grade 1. The ministry would like to see children immunized earlier in life with a combined measles, mumps and rubella vaccine given after the first birthday.

In addition, Grade 5 girls should be offered a single shot of rubella vaccine before they enter puberty, he said.

A total of 132 cases of rubella were reported in B.C. in January, including 11 cases in the area covered by the Upper Fraser Valley Health Unit and 31 cases in Central Fraser Valley, where there were no cases the previous year.

ous year; 26 cases in the Boundary Health Unit area, compared with two cases the previous year; 10 cases reported to the South Fraser Health Unit, compared with two cases the previous year; and nine cases in Vancouver, compared with two the previous year.

Johnstone said he doesn't know why rubella has recurred, but pointed out the numbers are small in terms of total population.

"What we'd like to encourage is, by two years of age all kids should have had measles, mumps and rubella vaccine. All girls entering puberty and any woman planning a pregnancy should have a single reinforcing shot of vaccine," he said.

CSO: 5420/22

CANADA

MEASLES VACCINATION DRIVE REPORTED IN BRITISH COLUMBIA

Vancouver THE SUN in English 17 Apr 85 p F8

[Text] Victoria--A province-wide campaign to immunize pre-schoolers against measles will be held April 29 to May 19, Health Minister Jim Nielsen announced Tuesday.

Already, 81 percent of these children are immunized against the highly contagious disease. In a news release, Nielson said the aim of the campaign is to increase that rate.

More than 1,000 cases of measles were reported during an epidemic in B.C. last year. No children suffered permanent health problems, but Nielsen stressed the disease can be dangerous.

Statistics show measles cause ear infections or pneumonia in one case out of 10, while one child in 1,000 will develop encephalitis, a brain inflammation that can result in convulsions, deafness or mental retardation.

Usually, only one vaccination is needed during a lifetime.

The vaccination is available free of charge through public health clinics and family doctors. During the campaign, clinics will hold extra sessions timed to be more convenient for pre-schoolers' parents.

For more information, people should contact their family doctor or public health nurse.

CSO: 5420/20

DENMARK

EPIDEMIOLOGIST BELIEVES FROM 5,000 TO 10,000 DANISH AIDS CASES

Copenhagen AKTUELIT in Danish 2 Jun 85 pp 17-18

[Article by Iben Thastum: "We Have an AIDS Epidemic in Denmark: 5,000 - 10,000 Danes Walking Around with the Disease"]

[Text] "We now have an AIDS epidemic in Denmark, and we cannot move too quickly to stop the epidemic."

This alarming announcement comes from Professor Viggo Faber of the National Hospital's epidemiology department. He has just finished a report on AIDS for the nation's politicians.

Thousands Infected

One case a week of the feared disease is being reported--and every other case ends in death. At the moment 43 people suffer from AIDS in Denmark--a doubling of the rate in one year. And 20 have died since the first Danish case was registered two years ago.

"The incubation period is about two years, and in as much as we have followed the American AIDS pattern so far, this means that in Danish numbers there are now five to ten thousand Danes walking around with the disease," says Viggo Faber.

"However, the disease does not break out in all cases. One has to be specially susceptible and have a particular kind of tissue. But if the conditions are present, then a common cold can cause an outbreak."

Here in Denmark AIDS is so far only found among homo- and bisexual men. But according to Viggo Faber it is only a question of time before heterosexuals of both sexes become part of the at-risk group.

In Sweden a large-scale effort has been mounted to fight the disease. The Swedish State Bacteriological Laboratory, which has the responsibility of seeing to it that communicable diseases do not spread, has added an AIDS annex where a special force concentrates on fighting AIDS.

They are counting on increased research, counseling and information, blood tests of larger groups and political appeals for economic help.

"There is no doubt that we must make a similar effort here. We simply have to. We must know to what extent the disease has spread in the population. And at some hopefully not too distant point in the future, we must follow Sweden's example and take blood tests of all blood donors and groups such as drug addicts and prostitutes. But the question is how we will be able to reach them."

Need for Information

"It is a balancing act to inform without frightening, for if we introduce too many restrictions, we risk that people will stay away. We are now in a phase where there is a clear need for more information. But we are counting on honest and objective education without hysterical terror campaigns or threats of force," says Viggo Faber.

"Another thing is that we must be able to honor the demands that people make of us. We cannot allow ourselves delays. It's no good getting all of Halmstorvet in for examinations if we don't have the capacity. We must have more doctors, more laboratories, and more counselors who can give psychological and social assistance.

AIDS laboratories were established last summer at the National Hospital, Hvidovre Hospital, and in Arhus and Odense. Anyone can go to one of these for an examination. But in the whole country there is only the capacity to examine 2,500 people a year. And considering the speed with which AIDS spreads, it is easy to imagine the problems that will arise.

Experimental Medicine

In cooperation with Hvidovre Hospital, Viggo Faber has just concluded an AIDS report for the politicians, and already the AIDS committee consisting of representatives from the Board of Public Health, Hvidovre Hospital, the Serum Institute, and the National Hospital are meeting this morning to discuss the strategy for an intensified effort in the fight against AIDS.

An advising committee under the auspices of the Board of Public Health has put out a pamphlet in cooperation with the League of 1948 for gays and lesbians. It is distributed in gay clubs and bars and at clinics for veneral diseases. It tells about the disease and the way it is spread, which, as is well known, is through blood and sexual intimacy. "And ONLY that way," stresses Viggo Faber, who also believes that the pamphlet is not reaching enough people.

He is presently revising it with information on the latest research on the disease.

"At present, we know the virus and a large number of substances that combat it, but only in the test tube so far. We are counting on the success of the on-going experiment with the medicine 'Forscarnet,' which is being tested on ten patients. But we won't know for another few months," says Professor Viggo Faber.

12819

CSO: 3613/102

DENMARK

AIDS EPIDEMIC SAID TO HAVE REACHED DENMARK, 50 CASES REPORTED

Copenhagen BERLINGSKE TIDENDE in Danish 3 Jun 85 p 3

[Article by Dorte Myhre]

[Text] So far, 50 Danes have been affected by the life-threatening disease. From 5,000 to 10,000 Danes now have the infection without knowing it.

From 5,000 to 10,000 Danes have now been infected by the life-threatening disease AIDS. The disease can break out, for example, during an ordinary summer cold. At present, 50 people have been affected by the disease. All are homosexuals and one imported the disease directly from Africa.

Prof Viggo Faber of the National Hospital told BERLINGSKE TIDENDE that the infection may be called an epidemic, since he estimates that up to 10,000 Danes may have the infection without even knowing it. "An estimate of 5 to 10 thousand is probably accurate," the professor said.

Today Viggo Faber, who recently completed an AIDS report in cooperation with the Hvidovre Hospital, is meeting with the so-called AIDS Committee, which will plan a new strategy to halt the spread of the life-threatening disease. It includes representatives from the National Health Board and the Serum Institute and from the two hospitals. The representatives agree that the effort to combat AIDS must be stepped up.

"It probably will be expensive. The disease is extremely widespread. In the United States alone, 100,000 people have AIDS," Viggo Faber said. Of these cases, 100 were infected by blood transfusions from homosexual donors.

"There is not Danish law prohibiting homosexuals from donating blood. They can only be discouraged from being donors," Viggo Faber said.

Information

There are no AIDS victims in Denmark who were infected by blood transfusions.

Prof Viggo Faber believes there is a great need for information. This is not to frighten people, but to tell people honestly that AIDS is becoming more

and more widespread and to tell them what precautions they should take to protect themselves from the disease. In conjunction with the National Association of 1948, the National Health Board has already put out a publication for lesbians and homosexuals. The publication is available at clinics for venereal disease and it is distributed at no cost at bars frequented by homosexuals.

9336
CSO: 5400/2538

HONG KONG

HONG KONG TRAVELER CONTRACTS AIDS IN EUROPE

Hong Kong SOUTH CHINA MORNING POST in English 2 Jun 85 p 1

[Article by Jamie Walker]

[Text] Another Hongkong man has developed AIDS, the Government confirmed last night. The case is the third to be reported in an outbreak which has already claimed one life.

A spokesman for the Medical and Health Department said the victim had contracted the killer disease while travelling in Europe.

He had been diagnosed as having AIDS, acquired immune deficiency syndrome, this week and was being treated as an outpatient at a government clinic.

The spokesman said: "From what the patient has told his doctors it seems that it is an imported case.

"He did not pick it up in Hongkong."

The Government is withholding the name and age of the man, who is not yet seriously ill.

But officials have checked Red Cross records to establish whether he has received or given blood as AIDS, most commonly transmitted sexually between male homosexuals, may also be spread through transfusions.

Government sources said the unnamed victim had told his doctor he had had no contact with blood banks in Hongkong or abroad.

The MHD spokesperson said: "The Red Cross has looked into this and found that he had not donated or received blood.

"We asked them to do this because it was a precaution we would normally take."

Dr Norman Murphy, a psychologist of University of Hongkong who is monitoring the AIDS situation, last night warned that the disease poses a major public health threat.

"We are going to have a very big problem here," he said.

"The Government has been saying if you're not homosexual, you're not at risk."

"That's not true. Everyone's at risk, just like everyone's at risk from hepatitis because the diseases can be transmitted in much the same way."

Hongkong's first confirmed AIDS victim, a 46-year-old Chinese sailor, died in Princess Margaret Hospital in February.

The territory's second case was diagnosed soon after and the patient, believed to be a 33-year-old man, was allowed to go home on Tuesday after doctors stabilised his condition.

The Government has said that both cases were imported into Hongkong.

CSO: 5450/0204

HONG KONG

GASTROINTESTINAL DISEASES INCREASE WITH HOT WEATHER

Hong Kong SOUTH CHINA MORNING POST in English 3 Jun 85 p 10

[Text]

The Medical and Health Department yesterday warned people to take precautions against cholera and other gastrointestinal diseases, such as typhoid and dysentery, during the summer months.

A department spokesman said that viral hepatitis and food poisoning were also commonly associated with the warm weather.

He said that in the first four months of this year, four people had died of viral hepatitis and statistics compiled by the department showed that the number of reported viral gastrointestinal diseases had increased slightly over the past few months.

"For instance, 159 cases of viral hepatitis were reported in April, compared with 101 cases in January, 73 in February and 106 in March," he said.

"Though there has been no report of cholera in Hong Kong since December 1984, the public should continue to take precautions against the disease which is endemic in

Southeast Asia," the spokesman added.

Meanwhile, although most of the notifiable communicable diseases had remained at about the same level over the past years, the department was continuing with its health education and immunisation programmes.

However, the most reliable and effective means of prevention was to observe personal, environmental and food hygiene, the spokesman said.

As most gastrointestinal diseases were transmitted through contaminated food and drink, the public should be specially careful in their eating habits.

All types of food should be thoroughly cooked and should not be left uncovered if not taken immediately.

Water directly from the mains was pure and safe for drinking, but water from tanks might be contaminated and should be boiled before consumption.

"Water from streams and wells is also not suitable for drinking," he added.

CSO: 5450/0205

INDIA

LEPROSY REPORTED ON INCREASE IN ORISSA

Calcutta THE TELEGRAPH in English 23 May 85 p 7

[Article by S.P. Nanda]

[Text]

Rourkela: The deplorable lack of facilities for the treatment and rehabilitation of leprosy patients in Orissa is certain to frustrate the realisation of the 20-point programme target of eradicating the dreaded disease by 2,000 AD. While there are 3,20,000 identified patients in the state besides about one lakh vagrant ones, a recent survey has shown that there are nearly 50,000 new patients every year.

The authorities' neglect is evident from the conditions in which over 1,300 patients live in the five leprosy colonies here, not to speak of others who are not accommodated in such organised settlements. The unbearable plight of the patients compelled most of them to demonstrate before the offices of the additional district magistrate (ADM) and sub-divisional officer last week under the leadership of the local MLA, Mr Dilip Ray who submitted a memorandum to the state governor through the ADM, detailing the pitiable state of affairs in the colonies. The failure in implementing measures to control the disease is responsible for the increasing number of patients in and around the steel town.

Few facilities: The inmates of the settlements at Nayabazar, sector six, Basanti colony and Orissa military police area can hardly avail of regular supplies of water and electricity or other civic facilities. They are virtually denied primary medical care and the recently announced monthly pension, among other things. Common treatment materials like cotton gauze and disinfectants are not made available to them. The pension scheme has not been applied to all the inmates and those brought under the scheme are allegedly deprived of the full benefit by the agencies concerned which take advantage of their illiteracy and physical disability. These agencies according to the memorandum to the governor, "adopt dubious methods to cheat them by manipulating figures and records." Repeated requests to provide jobs or loans for vocational employment to those who are physically well enough to earn a living and to include the patients in the voters' list, have gone unheeded.

Situation serious: The magnitude of the problem is realised from the fact that out of over four lakh patients, mostly

seen in the coastal districts of Cuttack, Puri, Balasore and Ganjam, only 46,000 have so far been discharged after being declared free from the disease since 1974-75—an average annual figure of 4,600. In all, there are about 700 beds at different centres run by the state and Central government and the Hind Kustha Nibaran Sangha, a voluntary organisation. The Sangha's leprosy home at Hatibari has the largest number of beds—200.

While the responsibility for the treatment of the patients lies mainly with 800 para-medical workers, matriculate with a six-month training, expertise on this disease is hopelessly lacking since there are only 15 specialists available in the state's three medical colleges. This recently prompted the representatives of the Skin and VD Association of SCB Medical College, Cuttack, to meet health department authorities over the issues of larger allocation of funds, improved infrastructural facilities and the posting of specialists in the district and sub-divisional hospitals and public health centres for the effective treatment and control of the disease.

CSO: 5450/0201

INDIA

MENINGITIS REPORTED SPREADING FROM DELHI

Calcutta THE TELEGRAPH in English 25 Apr 85 p 5

[Text]

New Delhi, April 24 (PTI): Meningitis, the dreaded disease which has claimed more than 260 lives here since January, is now spreading to neighbouring states. Sources say there have been reports of cases from Rajasthan, Uttar Pradesh and Haryana. The persons affected have been chiefly below the age of 25.

Experts say antibiotics can cure meningitis but victims suffer lasting damage. Those afflicted should take oral sulpha drugs for a week and cleanse their throat with antiseptic solution to prevent the disease from spreading.

Inadequacy of meningitis vaccine is causing concern not only among the population of the affected areas but also to the medical practitioners. Dr Sub-

hash Arya, head of the pediatrics department, Ganga Ram hospital, said the government has so far not issued relevant notification to exempt the vaccine from import duty though an announcement in this regard was made long ago.

Official sources say the government has imported about one lakh doses of vaccine but it is unable to cope with the heavy rush of people waiting to be immunised.

A survey of the main hospitals of Delhi revealed an estimated 300 cases of meningitis being admitted though the fatality rate has come down from 20 to eight per cent.

Greater awareness among the public has led to patients being admitted to hospitals in the initial stages, resulting in early diagnosis and prompt treatment.

CSO: 5450/0191

INDIA

SHARP RISE IN HEPATITIS REPORTED IN CALCUTTA

Calcutta THE STATESMAN in English 27 Apr 85 pp 1, 9

[Text] The incidence of hepatitis has been on the rise in Calcutta over the past three years, according to the findings of a team of experts of the School of Tropical Medicine, whose report on the cases treated at the institution was submitted to the State Government recently. It was learnt from Tropical School sources that attacks of the more fatal Hepatitis B virus have been increasing sharply since 1983. While in 1983, 17% of the hepatitis cases were caused by the B virus, in 1984, the percentage rose to 27. This year, as many as 35% of the hepatitis patients afflicted with the B virus.

Dr M.S. Chakravarti, Head of the Department of Virology, Tropical School, said that patients had been sent to the institution by different hospitals in the city. It was apparent from their case histories that a number of them had undergone blood transfusions during the past six months. He said that as blood was the principal carrier of the B virus, it was essential that the blood banks in the city checked the blood before accepting it from donors. He said that before organizing voluntary blood donation camps, the Students' Health Home always sent donors to the Tropical School to find out whether the blood was acceptable.

Not that blood alone spreads the virus. Saliva and breastmilk also acted as carriers. Even sexual intercourse can spread the disease. One reason why both Hepatitis A and B has been spreading is the recent mushrooming of private laboratories in the city, according to the sources. Most laboratories were ill-equipped, their equipment was not in order and disposal of the samples brought for diagnosis not done scientifically.

Sources, however, wondered whether it would be possible to check the blood of every donor. The testing was both time-consuming and costly. Besides, blood was often required in emergency situations when it might not be possible to ascertain whether it was infected or not.

Dr S.B. Dutta, Director of the Central Blood Bank, said the recent circular issued by the State Health Department asking the Government blood banks to check donors' blood before using it for transfusion was being followed. He pointed out that testing one blood sample cost Rs 6 in the "Reverse

"Passive Haemo-Agglutination" process and all the seven Government blood banks in the city had the equipment necessary for the test.

Dr Dutta was, however, not sure whether the same practice was being followed in the private blood banks. There were about 25 private banks in the city and their licences had been issued by the Drug Controls Directorate. It was only the Directorate which could make these tests mandatory for the private blood banks, he added.

CSO: 5450/0192

INDIA

HEPATITIS FOUND ENDEMIC TO CALCUTTA HOSPITAL

Calcutta THE STATESMAN in English 15 May 85 p 16

[Text]

HEPATITIS is particularly endemic to the SSKM Hospital. Three senior doctors of the hospital have died of the disease in the past three years and about a dozen are afflicted every year. Even patients, admitted to the hospital for other ailments, have contracted the disease during their stay there, according to doctors belonging to the Health Services Association, West Bengal.

The association strongly denied the State Government's recent observation that jaundice that had broken out in the city was because of hepatitis "B" virus. At a Press conference in Calcutta on Tuesday, doctors belonging to the association contended that the disease which has spread in the city, was essentially water-borne and owed its incidence to the presence of hepatitis "A" virus. The report was based on a study by the School of Tropical Medicine where only 30% of the suspected jaundice cases were found to be infected by the "B" virus, they added.

The HSA doctors said the incidence of jaundice among both patients and doctors at the SSKM

Hospital showed that the supply of water to the hospital was contaminated. They claimed that drinking water in the hospital canteen had become a potential health hazard.

Criticizing the State Government for "misleading" the public by issuing "false information regarding the disease", the doctors said that no amount of chlorination of the water could remove the risk of contracting the disease. Neither would the use of water purifying tablets or filters ensure virus-free drinking water.

The HSA doctors said that the only way to prevent the disease was proper sanitation facilities and the boiling of water for a minimum of five minutes before drinking or using it for any other purpose. It had become necessary as the water from Falta became contaminated when it flowed through the underground mains.

The HSA blamed the Government bureaucracy for the tardy progress of public health projects taken up in the State. It was responsible for the lack of proper monitoring of the projects and the evaluation of their progress, a spokesman of the association added.

CSO: 5450/0198

GASTROENTERITIS EPIDEMIC REPORTED IN TRIPURA

Calcutta THE STATESMAN in English 29 Apr 85 p 10

[Text]

MR Nripen Chakraborty, Chief Minister of Tripura, said in Calcutta airport on Friday that more than 100 people had died recently of gastro-enteritis. The deaths had occurred mostly in the tribal areas in the State. Last year too, there had been a widespread outbreak of the disease in Tripura.

The Chief Minister, who still appears to be suffering from the effects of an attack of gastro-enteritis, was on his way to Delhi to attend a meeting on the States Plan.

Mr Chakraborty said that in view of the severe outbreak of the disease in the State, an order was issued cancelling the leave of all medical staff. Special teams of doctors had been set up and sent to the affected areas. Preventive medicine was being requisitioned to meet the situation.

Alarming reports of the incidence of the disease were received from Bagatia, Rajnagar, Khowai, Kamalpur and other areas. The State Government had taken steps, on an emergency basis and despatched doctors and preventive medicine to the affected areas.

'NO INFILTRATION'

The Chief Minister said that there was no infiltration from Bangladesh into Tripura now. But the extremists living in Bangladesh were operating in the border areas of the State by resorting to "hit and run tactics" and this was creating some tension.

Mr Chakraborty said that during his stay in Delhi, he would discuss various problems of his State with Mr Rajiv Gandhi. Tripura's demand for additional para-military forces, if granted, would help tackle the Bangladeshi extremists, he believed. But the availability of para-military forces depended on the clearance of the Union Government, he pointed out.

Mr Chakraborty said that Bangladesh, despite repeated objections by the Tripura Government, was continuing its construction work along the Muhure river. As a result the course of the river had changed and Belonia town, on the bank of Muhure, was being threatened. This was a violation on the part of the Bangladesh Government of all accepted terms of agreement, he stressed.

CSO: 5450/0194

INDIA

BRIEFS

DYSENTERY, DIARRHEA OUTBREAK--(PTI from N. Lakhimpur)--Bacillary dysentery and gaestro enterities have claimed 12 lives in Ramdhan area of Jonoi subdivision of Lakhimpur district of Assam in the last one week, according to an official report reaching here yesterday. Another one hundred persons affected were undergoing treatment. [Text] [Bombay THE TIMES OF INDIA in English 30 Apr 85 p 12]

MENINGITIS STATISTICS--Over 12,500 cases of meningitis were reported in 1984, Minister of State for Health and Family Welfare Yogendra Makwana told the Lok Sabha on Thursday, reports PTI. In a written answer to Mr C. Bhoopathy, he said 19,597 cases were reported in 1982 and in 1983 there were 15,190 cases. Punjab reported the highest number of cases of 3,958 in 1984 followed by Madhya Pradesh with 2,140 cases and Karnataka 1,331. Goa and Dadra and Nagar Haveli appeared to be free from the infection with no case reported in the last three years. While data from West Bengal was not available for the last three years, no cases were reported from Lakshadweep in 1983 and 1984. Pondicherry reported only one case in 1984. Meningitis vaccine: Government is considering the question of taking up a programme for the research and development of the technology of production of pure polysaccharide antigens including meningococcal vaccine for meningitis as a pilot project, the House was informed by Health Minister Moshina Kidwai. [Text] [New Delhi PATRIOT in English 3 May 85 p 5]

CSO: 5450/0174

MALAYSIA

INFLUENZA ALERT ANNOUNCED

Kuala Lumpur NEW STRAITS TIMES in English 9 May 85 p 1

[Text] Kuala Lumpur, Wed--The Institute for Medical Research (IMR) has been placed on alert following an outbreak of flu.

Deputy Health Minister Datuk K. Pathmanaban said he believed the outbreak was nationwide but he had no details yet.

It is a routine measure to place the IMR on alert whenever there is an outbreak of disease.

The IMR is collecting specimens and is expected to take two to three weeks to complete its tissue culture study.

At this juncture it will be difficult to identify the strain and details will only be available after the IMR has completed its study.

CSO: 5400/4399

MALAYSIA

MEASURES TAKEN AGAINST MALARIA

Kuala Lumpur NEW STRAITS TIMES in English 9 May 85 p 6

[Text]

SIBU, Wed. — The health authorities are taking steps, including the setting up of a blood test counter at the airport here later this month, to check the increase in malaria cases in the district.

So far this year, 20 cases have been detected in Sarawak's Third Division — an increase of nine compared with the same period last year.

The increase had been attributed to "imported cases," the division's medical officer, Dr Tan Poh Tin, said today.

She urged the public, especially loggers, to take the tests as they accounted for all nine cases in Sibu district this

year.

Lately loggers working in Sabah and Indonesia are returning due to the slump in the timber industry and their number is expected to increase during the Gawai holidays next month.

Dr Tan said the spraying of DDT had been carried in 152 kampungs and longhouses in Kanowit district in February and March while the second spraying would be done in July.

Mass blood tests will also be conducted in the district which had reported eight locally transmitted cases so far this year. — Bernama

CSO: 5400/4399

MALAYSIA

EDITORIAL: MALARIA WARNING ISSUED

Kuching THE BORNEO POST in English 24 May 85 p 2

[Editorial: "War Against Malaria"]

[Text]

MALARIA - a dominant dreadful disease in tropical rain forest which had afflicted more than 300,000 people and killed about 160 annually in the mid-1960s is very much under control nowadays although there are still a few cases occasionally in Sarawak. The fact that 20 malaria cases were detected up to April this year in the Third Division, an increase of nine cases compared to that of the corresponding period of last year, has prompted the Third Division Medical Department to take the necessary action to fight malaria. The setting up of a counter at the airport in Sibu to provide blood test for the people, particularly loggers coming back from outside the State is commendable. It has been noted that most of the patients in Sibu are loggers coming back from outside the State. Since the authority has taken the trouble to give blood test to the people, it is hoped that the people would cooperate with the medical staff. Afterall, the blood test is for the benefit of the people themselves. Malaria can be deadly if the patient does not seek immediate medical treatment. According to Dr. Tan Poh Tin, a malaria patient will first experience a chill or rigour. Later, as shivering ceases, the patient will begin to feel hot and thirsty and respire rapidly. The body temperature will rise to 107°F or more. Then suddenly, the patient will begin to perspire profusely, temperature declines and vomit-

ting ceases. Following the sweating stage, the patient will then have normal temperature but will feel weak. After that, there will be another cycle of chill, fever and sweating. So, those who experience either of the symptoms should seek medical treatment immediately. And the patient should be isolated at once.

Since malaria is spread by mosquitoes, the people should declare war against the insect. In fact, mosquitoes of different species are known to be carrier of not only malaria, but also dengue fever, yellow fever and dengue haemorrhagic fever. Not only should we cure the disease but also take step to prevent such disease from spreading. For that matter, all the people must lend their helping hands. The effective way to combat against mosquitoes is to destroy all breeding grounds, that is, stagnant water. Therefore, empty tins and containers which can collect water should not be littered indiscriminately and should be buried or burned. Flower vases, ant-traps and water containers at home should be washed regularly. The people must not forget that it is an offence to allow mosquitoes to breed in one's home. The authority concerned should ensure that everyone comply with the regulations so that fighting against such diseases would be much easier. With the cooperation of everyone, there won't be any chance for malaria to reach an epidemic level.

CSO: 5400/4403

MALAYSIA

EDITORIAL: DENGUE CASES DOWN

Kuching SARAWAK TRIBUNE in English 24 May 85 p 4

[Text] In the first four months of last year, there were 395 cases of dengue fever reported to the authorities. This year, the number of cases for the first four months is only 15, a remarkable drop which will bring a sigh of relief to many, especially residents of those areas where so many cases were occurring, and also to the health authorities who must have been wondering whether they would ever be able to fight this hated disease successfully.

After dengue fever was first diagnosed in the state only a few years ago, the number of cases began to rise slowly but steadily and it was obvious that the state was likely to face an epidemic of this illness unless thorough, co-ordinated methods were introduced to fight against the aedes mosquito which was the carrier of the disease.

It also quickly became obvious that this was a task beyond the energies of the Medical and Health Department alone--the assistance of other department was also required and, perhaps most importantly of all, the public had to be brought in to play its role,

One of the first steps taken in the battle against aedes was a massive cleaning exercise in which the entire population seemed to take part enthusiastically and for a few days the Sarawak sky was darkened by the thousands of fires that burnt as years of accumulated rubbish were destroyed.

Another major step was the purchase of gogging machines which systematically covered those areas known to be breeding places of aedes larvae. The law against allowing breeding places of aedes to go undisturbed was introduced and enforced and many property owners were prosecuted for failing to rid their compounds of possible breeding grounds.

The government did, in fact, announce that it was "declaring war" on aedes and there were no efforts spared in the subsequent campaign. We can now see that the effort were not in vain--only 15 cases of dengue fever in four months is close to total victory as ever can be achieved and for this all those who helped in one way or another are to be thanked and congratulated. The Medical and Health authorities are to be especially praised for the manner in which they organised and co-ordinated the fight against aedes.

But as long as there are aedes mosquitoes around, the battle cannot be said to be over and what has to be guarded against now is complacency. Care has to be taken to ensure that bad habits are not resurrected, that fogging is not stopped and that constant inspections by health inspectors are continued.

Provided both authorities and the public play their respective role and never give up in guarding against aedes mosquitoes, there is a good chance that dengue will once again become a rare and unusual illness in Sarawak rather than a common and frequent threat to the health of the people of the state.

CSO: 5400/4403

MALI

CHOLERA CLAIMS 423 LIVES IN 10 MONTHS

AB271111 Bamako Domestic Service in French 1300 GMT 26 May 85

[Excerpts] The minister of public health and social affairs returned to Bamako this morning following his fact-finding visit to the Fifth Region, the region of Mopti. Several districts of this region are affected by outbreaks of cholera. Prof Mamadou Dembele, who visited Koro and Mopti, held a meeting with a task force committee in the two regions. He also met with all chief medical officers of the health centers in the region. The governor of the Mopti Region, Mahamane Ibrahima Dicko, briefed the minister on the health situation in the region in regard to the cholera epidemic.

[Begin recording] Mr Minister, in September 1984 an epidemic of cholera broke out. The first case was reported at Djolefami in the Bankak District. Then the epidemic spread gradually all over the region and the death toll is quite substantial. From September to December 1984, 562 cases were reported, 160 of which were fatal. In January-May 1985, there were 965 cases and 263 dead. In sum, 423 persons died out of a total of 1,527 cases reported.

In the face of this situation, the political, administrative, and medical authorities did not sit back unconcerned. In this regard, under Ordinance No 211/GRM of 29 September 1984, crisis committees have been set up. The Regional Crisis Committee, which I have the honor of chairing, holds weekly meetings every Saturday at 1100. It has launched information and sensitization campaigns at all levels.

Mr Minister, we hoped we had overcome the disease. But alas, as you have been able to note, new hotbeds appear, particularly in the districts of Koro, Tenenkou, and Douentza. [End recording]

CSO: 4500/152

NORWAY

INSTITUTE BELIEVES FROM 500 TO 1,000 AIDS CASES IN COUNTRY

✓ Oslo AFTENPOSTEN in Norwegian 14 Jun 85 p 64

[Article by Dag Hjelle: "AIDS Has Entered Norway, Nine Sick--Two Dead"]

[Text] AIDS has made its entry into Norway. Nine persons have been so diagnosed and 2 are already dead. So says Miklos Degre of the Government Institute for Public Health. He is the chief of the so-called AIDS-committee which the Health Directorate has appointed. The virus that causes the illness appears to be spreading, and according to Degre, it is now considered to have been demonstrated that hemophiliacs are probably infected by Norwegian blood products. It is therefore no longer 100 percent insurance that we are self sufficient with blood and blood products.

For a long time it was believed that the infection that had been observed to have been transmitted to bleeders could only stem from the years 1980 and 1981 when we had to import some of our blood products. This latest development was to have set in motion plans to test blood donated to Norwegian blood banks. The AIDS-committee has recommended this and Social Affairs Minister Leif Arne Heloe has told the Parliament that this must be done. Still, the money has not been authorized. The blood tests alone would cost the government 10 million kroner a year.

500-1000 Are Infected

The Government Institute for Public Health and Ullevaa Hospital have done some research among the so-called risk groups. Of the 400 hemophiliacs 10 percent had antibodies to the virus in their blood, and it is assumed that between 10 and 15 percent of homosexual men are infected. The number of those infected is difficult to specify because we do not know how many homosexual men there are in the country. In the Ostland region we have reason to believe that about 5 percent of the intravenous drug users are infected, and there is also a high probability of demonstrating the presence of antibodies among some prostitutes. In sum, we figure that between 500 and 1000 persons have been infected, says Degre.

From other countries we know that approximately 10 percent of those infected with the virus can become ill. In other words, there is a variety of additional factors that are important if the illness is to break out. It is obviously an

an enormous psychological stress to find out that the test was positive--in other words, that one has antibodies to the virus in one's blood. Patients go into serious depressions and obviously require strong psychological support which demands a major effort from health personnel and relatives.

Degre emphasizes that we have little experience with this special problem within the health system and that there is a need for greater resources.

"Seen from a medical standpoint we offer follow-up examinations and information about what the findings portend. We also try to provide information about those rules for living styles designed to reduce the chance that the disease will break out. With a certain lifestyle one can, among other things, prevent repeated serious infections. Another very important goal in giving this information is to prevent the spread of the virus.

"Since the illness can be spread through sexual contact, some of the advice given must unfortunately be that one preferably abstain from sexual activity. This is, naturally, very important if one's pre-existing partner is not infected. If one is not to transfer the contagion further, it seems today that the disease imposes on one a life-long celibacy with the enormous psychological consequences that that can have."

In this country AIDS is a disease which must be officially reported and is included in the same paragraph with smallpox and syphilis. It is nevertheless doubtful whether the rules for venereal diseases can be used because AIDS is also transmitted through blood. That notwithstanding, AIDS is not an especially contagious disease, and Degre, who himself works with the AIDS-virus in the laboratory, is not afraid of being contaminated. They use the same protocol that applies for the hepatitis-B virus (jaundice)--not because AIDS is equally contagious--but because the consequences are so grave if one becomes infected.

12723
CSO: 5400/2543

NORWAY

EXPERT BELIEVES 800 AIDS CASES IN COUNTRY

Oslo ARBEIDERBLADET in Norwegian 24 May 85 p 9

[Article by Svein Dybing: "Eight Hundred Norwegians Infected with Aids"]

[Text] "The information on the feared disease AIDS in Norway and Sweden has been a scandal. It is untrue and outright fatally dangerous to try and present AIDS as not dangerous by saying that it only affects homosexual men with many partners and drug addicts using hypodermic needles. Anybody can get AIDS. In Norway there are probably 800 persons infected with the AIDS virus," Professor Hans Wigzell at the Karolinska Institute in Stockholm tells ARBEIDERBLADET.

Professor Wigzell, one of the world's leading researchers in the body's immune defense is angry: "The health authorities and experts in Norway and Sweden have been trying for a long time to present AIDS as being not dangerous. How can one expect the information on preventive measures to become known if it is constantly stressed that AIDS affects only homosexual men with many partners?

"The AIDS information is a typical case of classical denial: It will affect "the other one," not you or me.

"And in the meantime we are losing time, both you in Norway and we here in Sweden.

"In Norway you probably have approximately 800 persons infected with AIDS. Twenty percent, i.e. 160 of them, will get the disease.

"In Sweden between two and three thousand have been infected. Some claim that figure to be 10,000. I myself believe that we will not get that many until 1990.

"Among the sick we find homosexuals, hemophiliacs, drug addicts, prostitutes and relatives of these groups."

Coincidence

Wigzell told ARBEIDERBLADET that it is merely a coincidence that AIDS became known first through homosexual groups in the West. In Africa, where the

disease became known first, it is known as a heterosexual disease which is just as frequent among women as it is among men.

It is thought that the temporary workers from Haiti brought the disease with them from Zaire in Africa. Haiti is a common travel destination for homosexual men from the American East coast. It is they who spread the disease further to the United States and Europe.

Women and Children

Dr Stig Froland at the National Hospital in Oslo agrees in part with Professor Wigzell's criticism of the AIDS information:

"AIDS can strike men, women and children if the conditions are right. I fully agree with Wigzell that one must not focus on certain risk groups to the exclusion of others. It was only in the first phase here in the West that homosexuals were the most exposed."

Another matter is that the lifestyle of those that were infected first is such that the disease was spread at record speed. And this is no coincidence.

It is also completely correct that people with a so-called respectable lifestyle can become infected and sick, be they homosexual or heterosexual. It looks as if it is the dose, the amount of infection which is crucial," says Dr Froland.

Fear

These days, very many Norwegians are afraid of AIDS. The problem is as follows: Between 800 and 1,000 are probably infected. A simple blood test determines whether one has or has had the virus in one's body. This is to say the test does not tell anything about the virus, but about the antibodies against the virus. If the blood test is positive, the risk of getting sick is between 10 and 20 percent. The dilemma is as follows: Should one have a test done and possibly wait for years for possible symptoms of the disease. Or should one not worry and hope that one has avoided the virus, possibly trust that one is among the 80-90 percent who will not get sick?

Nobody knows for sure how this situation should be handled. There is great disagreement and uncertainty regarding mass screening examinations among the homosexual organizations.

Stig Froland is a member of an advisory body which some time ago made some recommendations to the authorities regarding preventive measures. "We want to stress now that the plans need to be implemented urgently," says Dr Froland.

In Sweden, the AIDS alarm is now in full force. The government itself is represented in the official AIDS commission. A large-scale TV campaign is in the making.

12831
CSO: 5400/2539

NORWAY

AIDS DISEASE CLAIMING INCREASING NUMBER OF VICTIMS

Oslo ARBEIDERBLADET in Norwegian 24 May 85 p 9

[Article by Dag Leraand: "AIDS Epidemics in Africa"]

[Text] Cairo, (ARBEIDERBLADET): "AIDS has become a very serious medical problem in several African countries. Not only do the researchers think that they found that the fatal disease originated in Central Africa, but reports from countries such as Zaire and Uganda indicate that the disease could already have infected hundreds of thousands. At a recent international medical conference in Cairo it was stated that AIDS now has a solid foothold and is spreading quickly in the central and eastern parts of Africa. At the conference it was stated that nine countries are already "seriously striken" and in several large cities it was found that an alarmingly large percentage of persons are infected with AIDS.

For a long time, the researchers have been working with the theory that AIDS could have originated in the central African country Zaire, and research projects proved that the disease is very widespread there. In Zaire, cases with AIDS symptoms have been traced back to 1976, three years before the disease became known in the United States. Today it is feared that one of ten Zaire urban residents carry the AIDS infection, but that the disease is also very widespread in the countryside.

But also several other African countries are severely striken by the disease, which in itself does not result in death, but breaks down the body's natural defense mechanism and even renders fatal those diseases which are otherwise harmless. Apart from Zaire the disease is also considered widespread in Rwanda, Burundi and Uganda and is considered to spread rapidly in the Congo. Tanzania, Zambia, Kenya and Angola are also striken. A British physician who has done AIDS research in Africa tells the magazine NEW AFRICAN that he fears that several hundred thousand Africans could already have been striken with AIDS.

12831
CSO: 5400/2539

SOUTH AFRICA

MORE BLACKS GET TUBERCULOSIS

Johannesburg CITY PRESS in English 19 May 85 p 4

[Article by Stan Mglanga and Herman Letsie]

[Text]

TUBERCULOSIS kills between 10 and 20 people every day in South Africa.

And there is a strong connection between TB and apartheid, says KwaZulu Health and Welfare Minister Frank Mdlalose.

Dr Mdlalose said while only two out of every 1 000 whites die every year from TB, the figure in the black community is 49 in every 1 000.

These frightening figures shadowed the SA National Tuberculosis Association's week-long celebrations, which ended on Saturday.

While the celebrations went on in various centres, Santa liaison officer Nathan Khumalo told City Press that TB was a "dreadful" disease which could not only kill, but was also responsible for over 62 percent of other infectious diseases.

These include cholera, typhoid, leprosy, diphtheria, polio, smallpox, measles and malaria, he said.

Between January and February this year, 1 513 TB patients were admitted to hospitals.

And Santa is determined to create a greater awareness of the disease among community members.

The Santa Week celebrations ended with scores of youths pledging to participate in a campaign to improve awareness about the dangers of the killer

disease.

"People are scared of TB and we want to show that it is an ordinary disease, curable and preventable," said Mr Khumalo.

Various speakers at the celebrations appealed for more community involvement to help end the fear of TB.

CSO: 5400/158

SOUTH AFRICA

BRIEFS

CHOLERA OUTBREAK--An outbreak of cholera in the Stanger area has claimed two lives and more than 70 people have been treated for the disease at the Stanger Provincial Hospital. [Text] [Johannesburg BUSINESS DAY in English 21 May 85 p 1]

AIDS VICTIMS--One of Cape Town's two confirmed AIDS victims, a man in his early 20s, died in Somerset Hospital last night. He was the first AIDS victim to die in the city. [Text] [Johannesburg BUSINESS DAY in English 21 May 85 p 1]

CSO: 5400/148

ZIMBABWE

NINE IN TEN CHILDREN IN KARIBA HAVE BILHARZIA

Harare THE HERALD in English 7 Jun 85 p 3

[Text]

ABOUT 90 percent of schoolchildren in the Omay communal lands in Kariba district are suffering from bilharzia, and several people in the areas surrounding Lake Kariba have been attacked by malaria, the District Medical Officer for Kariba, Dr Simon Makanza, has said.

He said all the health staff in the district were working flat out to eradicate bilharzia among schoolchildren in Omay.

Dr Makanza said in an interview recently that malaria which affected several people in the district was caused by the anopheles mosquitoes breeding along the shores of Lake Kariba.

"During March and April we get many patients suffering from

malaria in the district. In an environment we have here close to a big lake, it is difficult to destroy the mosquitoes," he said.

Local people, particularly in fishing camps and other isolated places, were being encouraged to take chloroquine tablets as a preventive measure.

An anti-malaria spraying team had also been called into the area, the medical officer said. — ZIS.

CSO: 5400/158

ZIMBABWE

BRIEFS

MALARIA DRUG VIABILITY--Zimbabwean farmers and researchers could look into growing Artemisia annua, a common plant which has been found to produce a substance that combats malaria. An American researcher, Dr Daniel Klayman, believes that artemisia could easily be grown and the drug extracted in developing nations. It is readily and inexpensively propagated in modest soils, he said. Artemisia, is being researched by Dr Klayman at the Walter Reed Army Institute of Research in Washington. An important use for artemisinin is against cerebral malaria. The drug has potential for areas where the parasite has become resistant to standard medications. Besides enquiries from scientific and business interests in Africa, Europe, Latin America and the Middle East, there have been many calls for seeds from Americans "who want to grow artemisia at their own expense so that they can enter this field, one they think is going to be very profitable, eventually," said Dr Klayman. "Maybe the pharmaceutical industry will get interested." Artemisinin is contained in the leaves and flowers of the plant, with none found in the stems or roots. Researchers will not try to breed plants with increased amount of artemisinin. [Text] [Harare FINANCIAL GAZETTE in English 31 May 85 "Farming Gazette" Supplement p 32]

CSO: 5400/158

BANGLADESH

TOXOPLASMOSIS FOUND FOR FIRST TIME IN BANGLADESH

Dhaka THE NEW NATION in English 27 May 85 p 2

[Text]

AGRI-VARSITY, (Mymensingh), May 25 : Dr. Md. Abdus Samad, Assistant Professor, Department of Veterinary Medicine of the Agricultural University recently recorded a new disease named "toxoplasmosis" in Bangladesh, says a press release.

Toxoplasmosis is a ubiquitous disease affecting all species of animals including man, caused by a protozoan parasite, Toxoplasma gondii. In man and animals, the proportion of latent cases is very high, especially in adults. One of the major risks associated with the disease is its elevation to clinical level when the hosts' resistance is otherwise lowered. It is known to complicate and aggravate the disease picture when present with other concurrent infection.

Generally in latent cases, signs of weakness, slight fever and enlargement the lymph nodes are observed. This protozoa affects the foetus and resultant abortion, stillbirth, encephalitis, pneumonia and neonatal mortality in humans as well as in some animals. This organism mainly affects in the brain, diaphragm and heart muscles.

More than 150 zoonotic diseases have been recorded so far from the different parts of the

world. A large number of zoonotic diseases might have been exist in our country but only rabies, tuberculosis, brucellosis, anthrax, echinococcosis, salmonellosis, Japanese B encephalitis, cryptosporidiosis etc. have been recorded so far from this country.

Now the toxoplasmosis is a new addition in zoonotic disease of Bangladesh. Zoonoses are those diseases and infections, which are naturally transmitted between vertebrate animals and man.

A research work has been done under the BAU on-going project "Haemoprotzoan diseases in cattle" financed by BARC. The work of this project has been continuing for the last two years for the detection of haemoprotzoan diseases in cattle, extent of these infection and to evaluate their possible preventive measures under local condition. Dr. Samad is actively carrying out the research work as a Principal Investigator of this project.

In addition to common haemoprotzoan diseases, he recently recorded T. gondii protozoan on the impression smears of heart muscles of died cattle. The Toxoplasma infected cattle were concurrently infected with babesiosis.

The professor working on haemoprotzoan diseases for the last nine years. He also detected Toxoplasma antibodies in 17% cattle in 1982 in this country. These are the first clinical and sub-clinical records on the prevalence of T. gondii infection in a livestock species in Bangladesh. Infection in cattle is thus an indicator of the overall prevalence of this pathogen in Bangladesh. This findings are drawing attention of both the veterinary and medical practitioners in this country.

While talking to the news-men at the local Press Club, Dr. Samad observed that a large number of animals and human being's

might have been suffering from this infection in our country. He emphasized the need for an extensive survey on the prevalence of this zoonotic infection throughout Bangladesh to assess its impact on animals and human health.

He also opined that scientists of both veterinary and human medicine must work hand in hand and such cooperation will pay big dividends in improving the health of both man and animals.

CSO: 5450/0218

BANGLADESH

BRIEFS

CATTLE DISEASE EPIDEMIC--Maulvibazar, May 18--Cattle disease has broken out in an epidemic form in different villages of Uttarbag Union Parishad under Rajnagar Upazila. According to a non-official report available here, about 50 cattleheads have already died of the disease in village Uttarbag. [Text] [Dhaka THE BANGLADESH OBSERVER in English 19 May 85 p 7]

FATAL CATTLE DISEASE--Manikganj, June 5--Anthrax, a fatal cattle disease, has broken out in different areas of Manikganj district. According to unofficial sources, at least 300 cattleheads have so far died in Shivalaya and sadar Upazila of the district following the outbreak of the disease. When contacted, the District Livestocks Officer, Mr Azizur Rahman confirmed the deaths of 8 cows in the two Upazilas. He told this correspondent that necessary steps had been taken to prevent further spread of the disease. The Livestocks Officer said the number of cow attacks has been increasing and the cow stops eating fodder. It bleeds through the mouth and dies within a short time. [Text] [Dhaka THE BANGLADESH OBSERVER in English 7 Jun 85 p 11]

POULTRY DISEASE OUTBREAK--Serajganj, May 25--The Poultry disease has broken out in Serajganj Upazila in an epidemic form. About 20,000 poultry birds, specially chickens, have been affected. The Veterinary Surgeon of Serajganj told this correspondent that due to insufficient quantity of Vaccine preventive measures could not be taken timely. Besides cattle disease also broke out in the area. [Text] [Dhaka THE BANGLADESH OBSERVER in English 26 May 85 p 7]

POULTRY DISEASE REPORTED--Natore, May 11--Poultry disease has broken out in an epidemic form in some parts of Naore district, according to a report received here. Many birds have died of the disease within a month. The most affected areas are Lalpur and Bagatipara upazilas. Preventive measures should immediately be taken to combat the disease. [Text] [Dhaka THE BANGLADESH TIMES in English 12 May 85 p 2]

CSO: 5450/0184

GUYANA

FIRST STAGE OF QUARANTINE PROGRAM WITH CUBA COMPLETED

Georgetown GUYANA CHRONICLE in English 26 Apr 85 p 4

[Text] GUYANA and Cuba have completed a preparatory stage of a co-operation exercise in the field of plant and animal quarantine.

A four-man panel of Cuban experts concluded a two-day seminar on technical aspects of quarantine systems Wednesday at the Agriculture In-Service Training Centre, Mon Repos.

Forty participants were drawn from the Agriculture Ministry, the Regional Programme for Animal Health Assistants (REPAHA) and the Customs and Excise Department.

The Cuban experts also travelled to border and coastal areas of Guyana, viewing quarantine facilities. They are expected to make recommendations on internal and international quarantine systems for Guyana.

Quarantine is a system of controlling and regulating the movement of plants and animals internationally and within countries to prevent the spread of diseases.

Two Guyanese are to make a follow-up visit to Cuba to observe that country's quarantine system, an Agriculture Ministry release said.

The experts who participated in the exercise in Guyana are Cuba's Head of Plant Quarantine, Dr. A. Soza, Head of National Plant Protection, Dr. M. Fernandez, Head of Animal Quarantine, Dr. L. Blanco, and Dr. L. Balart, Head of Animal Quarantine in the Province of Santiago de Cuba.

Their visit came under a Guyana-Cuba agreement for the exchange of technical personnel, the Agriculture Ministry said.

CSO: 3298/715

GUYANA

CUBA HELPS PROGRAM TO IMPROVE QUARANTINE SYSTEM

Georgetown NEW NATION in English 12 May 85 p 8

[Text]

GUYANA'S quarantine programme will be strengthened with technical assistance from Cuba. Next month a team of local quarantine officials will be going to Cuba to get first-hand information on systems operated in that country.

Last month a four-man team of Cuban quarantine officials during a visit to Guyana had a first-hand look at the main ports of entry and held in-depth discussions with local Ministry of Agriculture and Customs officials.

Quarantine is a system of controlling and regulating the movements of plants and animals, imported and exported to prevent and control the spread of diseases which these have the potential to transmit.

Participants at the Cuban-conducted seminars included staff from the Ministry of Agriculture directly involved in

quarantine operations, students from the Regional Animal Health Programme, and Customs and Excise officers.

Discussions centred on several technical aspects of the international and national programmes.

At Lethem, the Cuban team visited camps to observe the control of "foot and mouth" disease. The team also visited the Guyana Airways Corporation bond at Ruimveldt and installations at Charity, Pomeroon.

The team comprised Dr A. Soza, Head of National Plant Protection in Cuba; Dr L. Blanco, Head of Animal Quarantine; Dr L. Balart, Head of Animal Quarantine in the Province of Santiago; and Dr M. Fernandez, Entomologist and Head of National Plant Protection in Cuba.

The programme was part of the existing technical co-operation agreement between Guyana and Cuba.

CSO: 5440/069

INDONESIA

BRIEFS

WATER BUFFALOES PARALYZED IN KALIMANTAN--Jakarta, Fri.--A mysterious paralysing disease has afflicted some 2,000 water buffaloes and killed at least 25 of them in the Kotabaru district of South Kalimantan since January, Antara News Agency reported yesterday. It quoted a local government spokesman as saying that there is no known cure and no effective drug against the disease which causes the buffaloes to weaken and then to be paralysed at the legs before slowly dying. The disease is quite new to the region, and owners do not know what to do except to try and sell the buffaloes to be slaughtered as soon as possible after showing symptoms of the disease, the agency said. [Text] [Kuching THE BORNEO POST in English 11 May 85 p 5]

CSO: 5400/4401

IRELAND

CAMPAIGN TO ERADICATE BOVINE TB FINALLY UNDER WAY

Dublin IRISH INDEPENDENT in English 4 Jun 85 p 5

[Article by P. J. Cunningham]

[Text]

A NATIONWIDE campaign to stamp out Bovine TB gets under way this week. To date the disease is estimated to have cost the taxpayer and farmers almost one billion pounds.

The countrys vets will today begin making new tests after months of wrangling with agriculture minister Austin Deasy over control of this year's £30.5 million scheme.

A boycott of Mr. Deasy's new blueprint of TB eradication was averted in April. Testing had been due to begin in mid-February when Department officials and officers of the Irish Veterinary Union finally hammered out a compromise agreement.

The present three-year onslaught on the disease is one of the most thorough in the 25-year history of official testing, as Mr. Deasy, under the Government's national plan Building on Reality succeeded in getting £85 million allocated to it.

At the centre of the dispute was the Minister's insistence that he should have power to nominate a vet and to make direct payment to him. Up to this year the farmer nominated the vet he wanted to carry out the test and the vets demanded that this system be continued.

They feared that the Minister's scheme left them at the mercy of the Department and could give rise to favouritism in the allocation of testing work.

However, under the agreement the Minister succeeded in holding on his right to pay directly but conceded to nominating a practice rather than an individual vet and paying directly into a practice's

fund.

The Department's side also agreed that instead of a six weeks advance plan it would be sufficient for vets to give one week's notice of their testing arrangements.

However, the Department held onto their stipulation that failure to meet commitments by vets could see them lose clients, as this was seen as a major reason why the disease had not been curtailed.

The new programme consists of a full TB monitoring round together with a special programme of check testing in black spot areas, the allocation of which will be at the discretion of the Department.

Mr. Deasy's officials more recently faced difficulties with the scheme when agricultural officers threatened industrial action unless they retained the checking of reactors as part of their duties. If they went ahead with their action it could have affected other areas such as meat factories where the officers also carry out duties.

However, a Department spokesman made it clear that a solution would be reached to deflect the possibility of strikes threatened for the middle of this month.

It is understood that the officers will not now

lose mileage allowance from reactor work and vets will carry out checking to speed up the movement of affected cattle from the land.

There will also be a full round of Brucellosis testing this year, but the level of inspections in subsequent years is likely to depend on the insistence of the disease nationally.

Both sides agreed to set up a special five-man monitoring committee to consider appeals from veterinary surgeons who consider that they are unfairly treated in the allocation of testing.

Plans to set up a central epidemiology unit to co-ordinate and assist in the analysis of TB and brucellosis outbreaks to prevent these spreading will also be put into practice.

CSO: 5440/070

MALAYSIA

BRIEFS

FOOT-AND-MOUTH DISEASE--Kota Baru, Sat--The Veterinary Services Department has declared Kelantan as a hoof-and-mouth disease epidemic area and has prohibited all movement of cattle and transportation of beef from the state. The department has also frozen permits for the entry of cattle from Thailand until such time when the disease is brought under control. This move was made after it was confirmed that 83 head of cattle in two areas in the Pasir Mas District are suffering from the disease. The director-general of veterinary services, Dr Ahmad Mustapha Babjee, who made the announcement at the Kubang Kerian Veterinary office here today, described the epidemic as "serious." [Excerpt] [Kuala Lumpur NEW SUNDAY TIMES in English 9 Jun 85 p 1 BK]

CSO: 5400/4398

PEOPLE'S REPUBLIC OF CHINA

EHFV IN SUCKLING MERIONES UNGUICULATUS DESCRIBED

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES]
in Chinese No 1, 15 Feb 85 pp 47-50, 46

[Article by Zhu Zhiyong [2612 2535 0516], et al., Health and Anti-Epidemic Station of Zhejiang, Hangzhou: "Some Biological Features of Suckling Meriones Unguiculatus Infected with Epidemic Hemorrhagic Fever Virus"]

[Summary] It has been shown that the suckling Meriones unguiculatus is susceptible to epidemic hemorrhagic fever virus (EHFV) infection as is the adult animal. However, there are some differences in the distribution, persistence and quantity of EHFV in the suckling M. unguiculatus. The virus antigen was detected in all body tissues for at least 60 days after it was introduced into the lungs of suckling animals of 2-10 days old. We have determined the condition of EHFV infection in the live animal, thus providing important information for the study of isolation and characteristics of EHFV and preparation for vaccine.

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CSO: 5400/4135

SUDAN

PROBABILITY OF RINDERPEST EPIDEMIC IN SOUTH CALLED HIGH

London AFRICA CONFIDENTIAL in English 22 May 85 p 5

[Text]

Rinderpest, the most devastating of all cattle diseases, has been identified in the Mundari cattle areas around Tali, Post and Tidalo. Several suspected cases have been reported elsewhere among the Mundari herds. With the state of war in much of the south, cattle and people are moving in large numbers, inevitably spreading disease among the south's 5-6m head of cattle. Rinderpest usually kills 80% of the non-immune cattle it strikes, and once the disease has broken out it moves very quickly unless checked by inoculation and *cordon sanitaires*. Animals which have recovered from a previous bout of the disease, together with those that have been inoculated, are not at risk. But at most 2m cattle in southern Sudan are immune. Not only would a severe epidemic be a crushing blow to southern Sudan; it would also put at risk cattle in neighbouring countries, particularly Kenya. At present, for reasons explained below, nothing has been done in response to the outbreak among the Mundari's cattle.

In the late 1930s rinderpest ran rife in southern Sudan. By the 1950s, following a large-scale vaccination and control campaign, the herds had been more or less restored. Rinderpest outbreaks were dealt with before they spread. Until June 1983 rinderpest was on the way to being eradicated.

Then came redivision of the south in 1983. The veterinary service and its laboratory in Juba were split into three. The vaccines were distributed to Wau, Malakal and Juba; and staff were duly dispersed. The veterinary service crumbled. The British-run *Project Development Unit*, which had overseen the establishment and management of the service, handed over completely to the local authorities a year ago. By then the civil war had anyhow made vaccination impossible in much of the vast Nilotic cattle area.

To control rinderpest efficiently in regions as environmentally tough as southern Sudan, cattle also need vaccination against haemorragic septicaemia and contagious bovine pleuro-pneumonia. Rinderpest thrives in weak animals. A fatal combination is now at work: fighting and insecurity; partial drought and crop failure; weak, disease-prone cattle; no vaccination; and migration of people and cattle. It took the southern herds over 20 years to recover from the 1930s rinderpest epidemic. But then there was no civil war. This time, unless a crash vaccination programme is started on the Mundari cattle, there will be nothing to stop rinderpest running wild. It might already be too late.

The impediment to swift action appears to be bureaucratic. Over 200,000 rinderpest vaccines are available in Juba (for some reason they are stored at the headquarters of the now disbanded State Security Organisation). Provided to Juba from the ministry of agriculture in Khartoum, the vaccines are administered free - as they are and have been throughout the continent for years. Most of the Mundari areas are now accessible by road from Juba.

The only reason for not starting vaccination straightaway is an apparent lack of fuel, vehicles and money to pay for running costs - an explanation, given the gravity of the situation, that is clearly inadequate.

Dr. Marcellino, the vet in charge at Juba, contrary to earlier suggestions that the veterinary department intended unlawfully to charge for inoculation, says that the vaccines will indeed be free. The military authorities, now aware of the background to local veterinary matters, are keeping an eye on developments.

But inoculating the Mundari cattle will be in vain unless the civil war stops soon: rinderpest will develop and spread in remote areas inaccessible to veterinary teams. Even in Equatoria, which is spared from a continuous state of war, and can thus be reached by vets, half a dozen cases of rinderpest arose late last year (in Nimule, Yei, Torit, Kapoeta and other areas). The 1979 cattle census showed about 2m cattle in Upper Nile, just under 2m in Bahr el Ghazal and about 900,000 in Equatoria. Since redivision very few cattle have been inoculated against any disease. The average life expectancy of an animal in southern Sudan is six years, so that the proportion of immunised cattle falls steeply when vaccination programmes stop. The mathematical and scientific probability of a rinderpest epidemic is therefore high. Whether a catastrophe can be averted is now a matter between the embattled TMC and the SPLA.

CSO: 5400/4602

BANGLADESH

PEST ATTACKS REPORTED IN SEVERAL RURAL AREAS

Dhaka THE BANGLADESH OBSERVER in English 28 May 85 p 7

[Text] Maulvibazar, May 27--Standing aus and aman paddy plants in a vast area in Habiganj and Maulvibazar districts have been affected by widespread pest attack.

About 15,000 acres of green fields with aus and aman paddy plants in Madhabpur and Chunarughat upazilas of Habiganj district and over 5,000 acres in Kulaura and Barlekha upazilas of Maulvibazar district have been affected.

According to the farmers pamri (hispa) insects in swarms are infesting the green paddy fields.

The measures taken up by the authorities concerned are not sufficient to combat the pests.

An official, when contacted, told this correspondent that efforts are being made to combat the pests. He also added that a large number of poor cultivators could not make arrangement for spraying due to high prices of the insecticides causing damages to their crops.

Jhenidah

Our Jhenidah correspondent adds: About 20 thousand acres of crop fields in Shailkupa upazila have been attacked by pests.

It is reported that a kind of unknown pests have already damaged a huge quantity of aus and aman paddy and the pests are attacking new fields gradually in the area. As a result paddy plants are being dried up.

The farmers failed to check the pests due to the non-availability of effective insecticides in the local markets. The farmers alleged that if the effective insecticides are available it is being sold at an exorbitant price.

The people of the Shailkupa Upazila have urged upon the authorities concerned to take immediate steps to protect the crops from being damaged further.

Manikganj

A report from Manikganj adds: Aus and aman crops in the seven upazilas of the district have been attacked by pests.

The affected upazilas are Manikganj sadar Saturia, Singair, Shivalaya, Harirampur, Ghior and Daulatpur. The acreage of land attacked by the insects is about 30,000. The crops in some areas of the district have been completely damaged.

The price of pesticides has gone beyond the purchasing capacity of the poor farmers.

When contacted, the District Agricultural Officer told this correspondent that steps were being taken to save the crops from the attack of the insects.

Cox's Bazar

A report from Cox's Bazar adds: Widespread pest attack has caused extensive damage to standing boro crops in different places of Chakaria Upazila under Cox's Bazar district.

It is reported that standing paddy plants on 20 000 acres of land have been attacked by black coloured insects technically known as pamri pokha. Sporadic attack of other insects, catter-pillars and storm borer are also reported from some areas.

The affected areas are Chelsinga, Fashia, Khali, Harbang, Kutkhali, Dulhazara, Barabakia, Pekua, Badarkarti, Illisia and Kaiyerbil.

The cultivators complained that the insecticides available in the local market are not functioning well. Moreover, it is quite difficult on the part of poor farmers to procure the insecticides at a high rate from the market.

When contacted the Agricultural Extension Department official told me that they have started spraying insecticides in the affected areas and have already covered five hundred acres of land. But their arrangement is quite poor to combat the pest menace.

CSO: 5450/0213

BANGLADESH

BRIEFS

AUS, AMAN PESTS--Brahmanbaria, May 21--The prospect of aus-aman crops has become bleak in Brahmanbaria district as pests attack crops in a vast area according to reports received from different upazilas of the district. It is learnt that aus-aman crops in vast tracts of land in Sultanpur, Talsahar, Sharipur and Mashihata unions under Brahmanbaria Sadar Upazila, Chunta and Shahjadpur unions under Sarail Upazila and Rasullabad Kaitola and Shibpur under Nabinagar Upazila. An official of Agriculture Department told this correspondent that the department have taken preventive measures to combat the pests attack. Abul Hasan, a student of class eight of Austagram High School under Brahmanbaria Sadar Upazila was stabbed to death recently. It is reported that the victim was attacked by a gang of miscreants on his way to the house from the village Ghatura in the evening. The body was sent to Brahmanbaria hospital for autopsy. [Text] [Dhaka THE BANGLADESH OBSERVER in English 22 May 85 p 7]

PEST ATTACK IN TANGAIL--Tangail, May 11--Standing IRRI and boro crops over a large area five upazilas in Tangail district were affected by widespread pest attack recently. Hundreds of acres of green fields with IRRI, and boro paddy plants have turned grey in Mirzapur, Basail, Kalihati, Ghatail and Bhuapur Upazilas. According to the local cultivators, "Pamri" insects in swarms are infesting the green paddy fields. They also told this correspondent that hand spraying was not sufficient to combat the pests which proceed to the nearby lands after spraying instead of being destroyed. The Kalihati Upazila Parishad purchased 12 hand spraying machines at a cost of Taka 35 000 but no such arrangements were made by the others. Airspraying has become essential to protect the standing crops from destruction. [Text] [Dhaka THE BANGLADESH OBSERVER in English 12 May 85 p 7]

MORE PEST ATTACKS--Brahmanbaria, May 14--About 22,000 acres of Aus, Aman and Irri crops have been damaged following pest attack in three upazilas under Brahmanbaria district, according to competent source. It is learnt that crops on vast tracts of Aus and Aman paddy in many places under Brahmanbaria, Nabinagar and Sarail upazilas at the district are withering away following attack by "Icchi" pest. Insecticides have been sprayed but to no effect, it is gathered. When contacted, the Agriculture officer told this correspondent that they are trying to combat the situation. [Text] [Dhaka THE NEW NATION in English 16 May 85 p 2]

MALAYSIA

COCOA MOTH INFESTATION IN SIBU

Kuala Belait BORNEO BULLETIN in English 18 May 85 p 3

[Text] The Sarawak Agriculture Department is searching for a Sibu cocoa farmer believed to be responsible for a sudden outbreak of cocoa moth infestations in the area.

A spokesman for the department said the man was suspected to have brought the moth in through a cocoa pod from Sabah.

He owns one of several smallholdings covering more than 20 acres at the Mile 21 and Mile 22 in Oya Road which have been invaded by the pest.

Said the spokesman for the department: "We have every reason to believe the moth has been there for more than a year now."

The culprit hasn't been found yet. The department said he employed a general hand on his farm, but the man had not informed the authorities because he was afraid he would be punished.

The moth spread to neighbouring properties and the department was not informed until early last month, when a neighbour whose cocoa garden became affected sounded the alarm.

The Agriculture Department has now moved in to try to eradicate the pest.

Apart from fogging and spraying affected farms, the department is also making sure no farmer takes any plants out and visits to the area are prohibited.

A survey team which had been to Miri visited the area on its way back to Kuching and confirmed the presence of the moth late last month.

The Agriculture Department will continue its eradication programme through May and June.

"The invested area is still fairly small and very isolated, considering the nearest district also under attack from the cocoa moth is Miri, more than 200 miles away," the spokesman for the department said.

The Sibu farms are under close observation, with two or three departmental officers in constant attendance to supervise the control measures.

The pest first struck a Lawas plantation near the border with Sabah.

It infested 400 acres before spreading to Miri where it soon affected another 500 acres.

The spokesman declined to say things were well under control in other Sarawak divisions, but merely said they were "not yet affected."

More "meet the farmers" sessions have been held in the Sibu area to alert as yet unaffected farmers to the symptoms and how to deal with them.

The Agriculture Department's survey team, meanwhile, has been checking on another disease which is regarded as potentially much more dangerous than the moths.

The disease, dieback, attacks the shoots, leaves and branches of the cocoa tree until eventually the whole tree withers and dies.

CSO: 5400/4403

VIETNAM

HARVEST IN SOUTH, INSECT INFESTATION IN NORTH REPORTED

Hanoi NHAN DAN in Vietnamese 26 Apr 85 p 1

[Text] The southern provinces are concentrating on harvesting the spring rice crop because of favorable weather conditions. According to the Statistics General Department, as of 15 April, the southern provinces have harvested 71.9 percent of the spring rice area. The harvest has been nearly completed in Quang Nam-Da Nang, Nghia Binh, Phu Khanh, Guu Long, Kien Giang, Long An and Tien Giang Provinces. By harvesting quickly, many localities have been able to prepare the soil to grow various summer crops on schedule. From 15 to 20 percent of the arable area has been plowed and turned up in many regions. The summer production campaign has been conducted at a quicker pace than during the corresponding period last year.

In north Vietnam, sunshine has proven favorable to the growth of rice plants but harmful diseases and insects, especially army weevils and stem borers, have also developed strongly. According to the Statistics General Department, as of 15 April, 156,000 hectares of rice have been infested with insects--an increase of 60,000 hectares over the same period last year and 36,000 hectares over the previous 10 days. The provinces with large areas infested with insects are Hghe Tinh (33,000 hectares), Thanh Hoa (29,000 hectares), Binh Tri Thien (24,000 hectares), Hai Hung (24,000 hectares) and Ha Nam Ninh (over 18,000 hectares). To protect this year's rice crops, it is necessary to organize the prevention and control of harmful insects extensively, closely and effectively in order to check their expansion. To date, almost all regions have carried out the second weeding phase on 50 to 60 percent of the rice area and some localities have even performed the third weeding phase. Recent rains have caused waterlogging to about 9,000 hectares in Ha Bac Province so that 800 to 900 hectares in the areas of Que Vo, Yen Phong and Tien Son may be completely lost. Meanwhile, 10,000 hectares of rice in Thanh Hoa and Hghe Tinh Provinces have lacked water. The localities concerned are carefully managing water sources to guard against extensive drought during the boot forming period of riceplants and are preparing a sufficient amount of good-quality rice seeds for the 10th-month season.

To date, the nationwide area of vegetables and subsidiary food and industrial crops is still lower than the planned norm--only 47.9 percent for subsidiary food crops and 32 percent for short-term industrial crops.

9332
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VIETNAM

NORTH TAKES STEPS AGAINST DROUGHT, INSECTS AND DISEASES

Hanoi NHAN DAN in Vietnamese 6 May 85 p 1

[Article: "The North Takes the Initiative in Guarding Against End-of-Season Drought, Insects, and Diseases and Prepares Material Bases for the 10th Month Season"]

[Excerpt] Recently the weather has become quite favorable, insects and diseases have been eliminated by many methods, the winter-spring rice in the northern provinces has developed well, and nearly 90,000 hectares of rice have headed. The area infested by insects and diseases has declined but it still amounts to 160,867 hectares. In Binh Tri Thien and Nghe Tinh provinces nearly 20,000 hectares are affected by rice blast and insects and diseases are tending to increase in Ha Bac, Thai Binh, and Hai Phong. In some places in Ha Son Binh, Nghe Tinh, and Bac Thai whirlwinds have considerably damaged the rice, subsidiary food crop, and the industrial crop areas. Those places are taking the initiative in overcoming the aftereffects of the whirlwinds and are replanting as many plants as time permits, while at the same time guarding against complicated weather changes at the end of the season, retaining sufficient water to nourish the rice, continually inspecting the fields to spot insects and diseases, and organizing appropriate labor forces to sue combined methods to eliminate insects and diseases so that they will not spread and reduce rice yields.

Because of the effects of typhoon No 9 (1984) and failure to do a good job of guarding livestock against cold weather, in some places in the north have a shortage of rice seeds and many water buffaloes and oxen have collapsed, which has affected the 10th month season production. On the basis of the production plans the localities must review the preparation of material bases, especially seedstock and draft power. Beginning now they must take the initiative in balancing the various kinds of agricultural materials among the production bases, making additional preparations, and giving priority with regard to draft power and rice seeds to places experiencing difficulties in production.

5616
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VIETNAM

BRIEFS

INSECT DAMAGE--In the northern provinces, rice blasts have developed strongly on large areas, especially on infested crops and improperly fertilized fields. Rice stem borers of the first generation have existed until early April while army weevils have continued to damage the fifth-month and spring rice crop, and cirphis salebrosas, plant lice and black cut worms have damaged vegetables and subsidiary food crops. In the southern provinces, rice blasts have developed continuously and damaged rice head stems in the coastal areas of central Vietnam while leaf folders, rice armyworms, rice ear-cutting caterpillars and aphelenchoides oryzae have done damage in many localities. It is necessary for the northern provinces to step up field inspection, to zone off the areas infested with rice blasts and actively to control them to prevent them from spreading to larger areas. It is necessary continuously to trim off or scratch plant leaves to eliminate young army weevils and to use scoop-nets to catch mature army weevils where they exist in great density. It is necessary to watch out for any strong development of the second generation of rice stem borers and to draw up a plan to pick out their egg nests and promptly to cut off withered rice stems to limit the density of these second-generation stem borers. The southern provinces must take all the necessary measures to limit the damage done to rice head stems by rice blasts, to strenuously eliminate rice gall flies, leaf folders and stem borers where they exist in great density and also to apply field sanitation measures prior to sowing and transplanting the summer-fall crop. [Text]
[Hanoi NONG NGHIEP in Vietnamese No 10, 1 Apr 85 p 2] 9332

QUANG NAM-DANANG INSECTS--Since early May, some 6,700 hectares of spring-summer rice in Quang Nam-Danang Province have been ravaged by stem borers and another 3,500 hectares have been affected by brown spot. The Quang Nam-Danang Provincial People's Committee has sent cadres along with fertilizer and insecticide to various establishments to help them eliminate insects and blight. [Summary]
[Hanoi Domestic Service in Vietnamese 0500 GMT 5 Jun 85 BK]

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ZIMBABWE

DROUGHT PESTS HIT BEITBRIDGE CROP YIELDS

Harare THE HERALD in English 22 May 85 p 5

[Text] Bulawayo--Crops have failed in the Beitbridge area because of another year of drought and an invasion by locusts, birds and rats, an Agritex spokesman has said.

The problem of locusts and birds which invaded crops mainly in the western parts had however been controlled.

"In the eastern parts, rats continue to destroy crops, especially in the irrigation schemes. Plans are under way to control the situation," he said.

It was likely that the drought would continue for the fourth consecutive year in the district and food assistance should not be stopped, he said,

A spokesman for the Beitbridge district administrator's offices has said that more than 500 people are taking part in the food-for-work projects involving the formation of new irrigation schemes in the western part of the Beitbridge area.

He said 265 people were clearing bushes at Kwalu communal lands 120 km north-west of Beitbridge for an irrigation scheme and that another 265 people were now building irrigation canals at Jalukanga communal lands.

The projects were due to be completed by the end of June.

CSO: 5400/151

ZIMBABWE

DROUGHT FOOD ALERT AS ELEPHANTS WREAK HAVOC WITH HARVESTS

Harare THE HERALD in English 23 May 85 p 9

[Text] Tsholotsho District Council is asking the Government to resume its drought relief food supplies following the destruction of people's crops by elephants crossing from neighbouring Botswana.

Council chairman Cde Emos Mkhwananzi said the people of Tsholotsho West would not reap anything this year despite a good rainfall last season. Elephants were moving away from the damp ground in Botswana and crossing into the dry land in Zimbabwe. Once inside Zimbabwe they destroyed vast amounts of crops, leaving villagers with virtually nothing to harvest.

Cde Mkhwananzi said game scouts had for weeks been trying to drive the elephants away. Lions had also killed cattle and goats, but game scouts drove them away and the animals had not returned.

Elephants are also destroying crops of the Tonga people in the Nenyunga communal lands, Gokwe, necessitating villagers to mount a 24-hour guard in their fields.

Last week a herd of elephants ate all of Cde Simon Tyoni's maize.

Many people in Nenyunga had no cattle and the little they had planted "with their bare hands" was being destroyed by the animals, said Cde Mafios Tshuma, one of the villagers.

Communal farmers in Maparadza area, Chipenge district, have expressed concern at the lack of action by the authorities as elephants from the nearby Gonarezhou continued to destroy their crops.

"An employee from the game reserve came to our area recently. He just counted them (the elephants) as they roamed about and left, never to return, and no follow-up action was taken," one of the farmers, Cde Benson Mhlanga, said.

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